DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10320

FILED MAR 16 1943

Registration District No. 1337 Primary Registration District No. 3023 Registrar's No. 42

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Clinton General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether

In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton Mo (If outside city or town limits, write "RURAL")

(d) Street No. 401 South 3rd (If rural, give location)

(e) Citizen of foreign country? (Yes or No) No

If yes, name country

3. (a) PRINT-FULL NAME Joshua C Davis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Anna Elizabeth

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan (Month) 26 (Day) 1856 (Year)

8. AGE: Years 87 Months 0 Days 13 If less than one day hr. min.

9. Birthplace Franklin Co (City, town, or county) Mo U (State or foreign country)

10. Usual occupation Retired mail carrier

11. Industry or business

FATHER 12. Name James B Davis

13. Birthplace Ky (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Cecelia Bryant

15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs C A Calvert Jr

(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-43 (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Brasel & Rice

(b) Address Clinton Mo

19. (a) Feb 9, 1943 (Date received by registrar) (b) Georgia Kitchen (Registrar's signature) 42 1 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7 year 1943. hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 24, 1943 to Feb. 7, 1943 that I last saw him alive on Feb 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Hypostatic Pneumonia — Duration 3 days.

(2) Chronic Myocarditis — 2 years.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. R. L. Hollingsworth M.D. (M.D. or other)

Address Clinton Mo Date signed 2/8/43

1069

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 12 1943

RECEIVED
District Health Officer No. 7,
District File Number 2-43-74
Date Filed 3-8-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed J E Consalus

Licensed Embalmer No. 1891

P. O. Address Clinton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
X29288

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10220

Registration District No. 137 Primary Registration District No. 2023 Registrar's No. 42

1. PLACE OF DEATH:

(a) County: Henry

(b) City or town: Clinton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Joshua C. Davis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Jan (Month) 26 (Day) 1875 (Year)

8. AGE: Years 87 Months 0 Days If less than one day hr. min.

9. Birthplace: (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day

year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic lobar pneumonia (a) Duration 3 days

Due to: Chronic myocarditis 2 yr.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature: R. S. Hallyburton (M. D. or other)

Address: Clinton, Missouri Date signed 4/29/43

SUPPLEMENTARY