

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8785

State File No. _____
Registrar's No. 55

Registration District No. 137 Primary Registration District No. 3023

1. PLACE OF DEATH:
(a) County Hennepin
(b) City or town Clinton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wetzel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2
In this community Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Hennepin
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 402 E. Jefferson
(If rural give section)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jesse Eugene Davis
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 16
year 1947 hour 5:00 minute A.M.
21. I hereby certify that I attended the deceased from 1946 to Mar 16 1947
that I last saw him alive on Mar 15 1947
and that death occurred on the date and hour stated above.

4. Sex MO Color or race W
5. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ann Davis
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased 11 11 1886
(Month) (Day) (Year)

Immediate cause of death Hemorrhage in bowels
Due to Leukemia Myelogenous
Due to _____

8. AGE: Years 60 Months 4 Days 5
If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 74A
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Barber

11. Industry or business _____

12. Name John W. Davis

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

14. Maiden name Louise Tanner

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

16. (a) Informant Jewell Martin

(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 3-18-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director W. H. Williams

(b) Address Clinton Mo.

19. (a) 3-17-47 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

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? _____
While at work? (Specify type of place) _____ (e) Means of injury _____
23. Signature Jessie M. ...
Address Mo. 17 47 Date signed _____

RECEIVED
District Health Officer No. 7,
District File Number 9.07-323
Date Filed 3-25-47

MAR 8 1947

FEB 14 1947

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.....
Fred Williams, Registered Apprentice No. 434
working under my personal supervision.

Signed: *Fred Williams*
Licensed Embalmer No. 2478
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.