

JAN 27 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42685
Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 163
 (b) Township 1 Primary Registration District No. 4095
 (c) City El Dorado Springs (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Millard Fillmore Davis

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Flora M. Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 3 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Mo.

FATHER 13. NAME George W. Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co., Tenn.

MOTHER 15. MAIDEN NAME Margaret Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co., Tenn.

17. INFORMANT (ADDRESS) W. C. Davis
Stockton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stockton DATE Dec. 11, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. DAVIS & CO.
Stockton, Mo.

20. FILED 12-17-1938 J. W. Dawson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sep 2, 1938 to Dec 8, 1938

I last saw him alive on Dec 8, 1938. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Softening of Brain
J. W. Dawson
Date of onset

Other contributory causes of importance:
Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) L. J. Dunsenbury, M. D.

(Address) El Dorado Springs, Mo.
154

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 7-29-58

Date Filed 1-9-39

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 W. Neale

Licensed Embalmer No. 3335

P. O. Address Stockton, 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, above space should be left blank.