

S. N.
11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5876

State File No. _____

FILED MAR 7 1940

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether years, months or days)
In this community 47 yrs 5 mo 24 da

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 211 S. 8th
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME FRANCES DAVIS

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife J. W. Davis 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Aug 8 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>5</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name George Lowery

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

14. Maiden name Mildred Simpson

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

16. (a) Informant J. W. Davis
(b) Address Columbia, Mo

17. (a) Burial (b) Date thereof 2-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Magnolia Park

18. (a) Signature of funeral director Starker
(b) Address Columbia, Mo

19. (a) 2/5/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 2 - 1940
year 1940 hour 8:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 17, 1940, to Feb. 2, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Massive Gastric Hemorrhage Duration _____

Due to Stomach

Due to Liver 7/4

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature James M. Baker (M. D. certificate) 1

Address Columbia, Mo Date signed 2-5-40

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

10
3
4

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.....

Licensed Embalmer No. 4182

P. O. Address Columbia, 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.