No. 2
1-10-39
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14340

RED MAY 13 1940

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 430

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

1. PLACE OF DEATH:

(a) County Buchanan,

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

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

(d) Length of stay: In hospital or institution 2 days, (Specify whether years, months or days)

In this community 2 days,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

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

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME David Emerson Davis,

3. (b) If veteran, name war None,

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Honor Davis,

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April 9, 1832 (Month) (Day) (Year)

8. AGE: Years 58 | Months 0 | Days 4 | If less than one day hr. min.

9. Birthplace Buchanan County, (City, town, or county) Missouri, (State or foreign country)

10. Usual occupation Carpenter,

11. Industry or business General

FATHER
12. Name Thomas Davis,
13. Birthplace Unknown, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Tobitha Ogden,
15. Birthplace Unknown, (City, town, or county) Virginia, (State or foreign country)

16. (a) Informant Mrs D. E. Davis

(b) Address DeKalb, Missouri,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/40 (Month) (Day) (Year)

(c) Place: burial or cremation DeKalb, Mo. Westlawn Cemetery

18. (a) Signature of funeral director Weston - Bethel Bowman Funeral Home

(b) Address 319 So. 10th. Str.

19. (a) Apr 14. 1940 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th. year 1940 hour 3:00 minute 20a. M.

21. I hereby certify that I attended the deceased from Ap 11/40, 19__, to Ap 13/40, 19__; that I last saw him alive on Ap 13/40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Shock - hemorrhage in pelvis; fracture pelvis	48 hours
Due to: Both hips fractured (Traumatic)	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Confirmed	

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) Accident

(b) Date of occurrence Ap 13/40

(c) Where did injury occur? 319 So 10th St. Joseph, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home at 319 So. 10th (Specify type of place)

(e) While at work? yes (e) Means of injury fall 20 ft

23. Signature Fly Thompson (M. D. or other) M D

Address 825 Charles Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. M. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 S. St. Joseph

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

If this body is not embalmed, above space should be left blank.