

REC JUL 15 1940

STANDARD CERTIFICATE OF DEATH

State File No. **22153**  
Registrar's No. **78**

Registration District No. **470**

Primary Registration District No. **5633**

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Lawrence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lawrence Co. Home  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lawrence  
(c) City or town Int Vernon Rural  
(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.

8. (a) PRINT FULL NAME Steven Elbert Davis

8. (b) If veteran, name war 0 8. (c) Social Security No. 20

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

6. (b) Name of husband or wife Orlena West Davis 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased sep 10, 1870  
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Newton Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name E. G. Davis

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

14. Maiden name Mary Staples

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

16. (a) Informant Mrs. Lucinda Rathliff

(b) Address Prince City MO

17. (a) Prince City (b) Date thereof 6-29-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prince City Cemetery

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

(b) Address Monett Mo

19. (a) 6-27-40 (b) J. A. Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27  
year 1940 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from April 10  
1938 to June 27 1940  
that I last saw him alive on June 26 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis 2 years  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
421 (Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. A. Holmes (M. D. or other) MD

Address Int Vernon Date signed 6-27-40

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

RECEIVED

District Health Officer No. 6,  
District File Number 740-2317  
Date Filed \_\_\_\_\_

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**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 \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**