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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 20 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28342

State File No. \_\_\_\_\_

Registration District No. 218 SEP 19 1940

Primary Registration District No. 3015

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville, Mo.

(c) Name of hospital or institution: Dr. Alex Ravenswaay Hospital.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Born there  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Infant Son of Mr. & Mrs. Leo Davis.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 31<sup>st</sup> 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. 3 min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name Leo Davis

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

14. Maiden name Cecil Cramer

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

16. (a) Informant Leo Davis

(b) Address Lamine, Mo.

17. (a) Burial (b) Date thereof Aug 28<sup>th</sup> / 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Lamine Cemetery

18. (a) Signature of funeral director Goodman & Ball

(b) Address Boonville, Mo.

19. (a) 8-22-40 (b) DeBlayer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Rural, Blackwater, Mo.  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21  
year 1940 hour 11:45 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 11:20 a.m.  
\_\_\_\_\_, 19\_\_\_\_, to 11:45 a.m., 19\_\_\_\_;

that I last saw him alive on 8-21, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
due to supratentorial tear

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

Other conditions (Include pregnancy within 3 months of death) 16. 10

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? 1941

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature Curley H. Bell (M. D. certifier)

Address Boonville, Mo. Date signed 8-21-40

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 9-10-40

**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.....

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, fact should be so stated above.**