

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28484**
Registrar's No. **4191**

Registration District No. **3/6**

Primary Registration District No. **4191**

1. PLACE OF DEATH:

(a) County **Boone**
(b) City or town **Ash Grove**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Boone Township** **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Several years** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Ash Grove** (If outside city or town limits, write "RURAL")
(d) Street No. **Boone** (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **17**
year **1940** hour **12** minute **30** a. M.

21. I hereby certify that I attended the deceased from _____, 19**38**, to **Aug**, 19**40**,
that I last saw him alive on **Aug 16**, 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** **4 yrs**
Duration

Due to _____

Due to **73**

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: **none**
Of operations

Of autopsy **no 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?
288 _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature **Charles H. McFadden** (M. D.)
Address **Ash Grove, Mo** Date signed **8-19-40**

3. (a) PRINT FULL NAME **William Glen Davis 170**

3. (b) If veteran, name war: **no** 3. (c) Social Security No. **no**

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

6. (b) Name of husband or wife: **Ethel Pitman** 6. (c) Age of husband or wife if alive: **33** years

7. Birth date of deceased: **October 14 - 1903**
(Month) (Day) (Year)

8. AGE: Years **36** Months **10** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace: **Sturley, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **laborer**

11. Industry or business: **at Ash Grove Farm etc**

12. Name: **Walter Jefferson Davis**

13. Birthplace: **Christian County, Mo**
(City, town, or county) (State or foreign country)

14. Maiden name: **Lena Rose**

15. Birthplace: **Stone County, Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs Ethel Davis**

(b) Address: **Ash Grove, Mo**

17. (a) **Buried** (b) Date thereof: **Aug 18-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Ash Grove Cemetery**

18. (a) Signature of funeral director: **James D. Jones**

(b) Address: **Waverly, Mo**

19. (a) **Aug 15-40** (b) **Walter Leonard Jones**
(Date of local registrar) (Registrar's signature)

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

FATHER
MOTHER

RECEIVED

Greene County Health Office,

County File Number 40-9-65

Date Filed 9-12-40

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. 2647
working under my personal supervision.

Signed Gemma Dorr

Licensed Embalmer No. 2647

P. O. Address Walter Dorr

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.