

No. 2
11-10-39
5-17-39
I X2142

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38254

FILED DEC 12 1940 89

Primary Registration District No. 3007

Registrar's No. 336

1. PLACE OF DEATH:

(a) County Butler

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler

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

(d) Street No. 214 North E. St
(If rural, give location)

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

8. (a) PRINT FULL NAME James Davidson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 40 hour I minute PM.

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

6. (b) Name of husband or wife Mollie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>I</u>	<u>9</u>	hr. _____ min.

Immediate cause of death Carcinoma of stomach Duration I year

9. Birthplace Miss. (City, town, or county) _____ (State or foreign country) _____

Due to _____

Due to _____ 4/6

10. Usual occupation Porter

Other conditions Diabetes Unk.

11. Industry or business Picture show

Major findings: _____ PHYSICIAN _____

MOTHER FATHER { 12. Name Unknown 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 14. Maiden name Unknown

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

16. (a) Informant John Davidson

22. If death was due to external causes, fill in the following:

(b) Address Neelyville Mo.

(a) Accident, suicide, or homicide (specify) _____

17. (a) Removal (b) Date thereof Dec. 7 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Neelyville Mo

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director Gish Funeral Service

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address Naylor Mo

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

19. (a) 12/7/40 (b) Obeltinger
(Date received local registrar) (Registrar's signature)

23. Signature Yvonne W. Green (M. D. or other) _____
Address Poplar Bluff Mo Date signed 12/7/40

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

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.

not embalmed

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.