

S. No. 7
11-11-39
5-17-39
K21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6536**

MAR 14 1941
Registration District No. 25

Primary Registration District No. 3009

Registrar's No. 87

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

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1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution South East Missouri
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 days
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cape Girardeau
 (c) City or town Cape Girardeau
(If outside city or town limits write "RURAL")
 (d) Street No. 1449 Klitner St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Minnie Clark Keys Davis
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 41-07-3562

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 24th
 year 1941 hour 5 minute 50 A.M.

4. Sex Female 5. Color or race N.
 6. (a) Single, widowed, married, divorced 1 M
 6. (b) Name of husband or wife J. H. Davis
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 23 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 21, 1941, to 2/22, 1941,
 that I last saw her alive on 2/23, 1941,
 and that death occurred on the date and hour stated above.
 Immediate cause of death Acute Myocarditis
 Duration _____

8. AGE: Years 55 Months 8 Days 1
 If less than one day _____ hr. _____ min.

Due to Severe Burns from scalding water
 Due to fell on both tubs hot water
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Cape Girardeau Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation House work

Major findings: Of operations 1 1/2
 Of autopsy 15
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business
 { 12. Name J. L. Clark
 13. Birthplace Cape Girardeau Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Alfred
 15. Birthplace Cape Girardeau Mo.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence 2/21/41
 (c) Where did injury occur? at home
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home
(Specify type of place)
 While at work? _____ (e) Means of injury Burns

16. (a) Informant J. H. Davis
 (b) Address Cape Girardeau Mo.
 17. (a) Burial (b) Date thereof 2/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Cem.
 18. (a) Signature of funeral director L. L. Haman
 (b) Address Cape Girardeau Mo.
 19. (a) 2-25-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

23. Signature J. H. Schaub (M. D. or other) _____
 Address Cape Girardeau Date signed 2/25/41

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 Howard L. Haman.....

Licensed Embalmer No. 4172.....

P. O. Address Depe Girardeau.....

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.