

No. 2
4-12-40
1-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7779

State File No. _____

MAR 19 1941
Registration District No. 21

Primary Registration District No. 0872

Registrar's No. _____

1. PLACE OF DEATH: Pemiscot
 (a) County _____
 (b) City or town Steele (Virginia)
 (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 _____)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Pemiscot
 (c) City or town Steele (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.

3. (a) PRINT FULL NAME Thomas A. Davis
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb 9 day 1941
 year 1941 hour 11:30 AM minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Dora Davis 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 13 1875
 (Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.
 Immediate cause of death Apoplexy
 Duration _____

8. AGE: Years 65 Months 7 Days 26 If less than one day _____ hr. _____ min.

Due to _____
 Due to high blood pressure

9. Birthplace Parsons, Tenn (City, town, or county) (State or foreign country)
 10. Usual occupation Farming

Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name J. W. Davis
 13. Birthplace Parsons, Tenn (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Hendrix
 15. Birthplace Parsons, Tenn (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant J. W. Davis
 (b) Address Steele
 17. (a) Burial (b) Date thereof 2-11-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation mt. Zion
 18. (a) Signature of funeral director Herman Smith Co
 (b) Address Steele
 19. (a) Feb 26 41 (b) L. J. Johnson
 (Date received local registrar) (Registrar's signature)

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? 507
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature J. B. Johnson (M. D. or other) 0
 Address Steele Mo Date signed _____

2-12-1941

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

8000

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.....

William C. Shelton

Licensed Embalmer No.....

3929

P. O. Address.....

Steele, Mo

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.