

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18278

Registration District No. 470

Primary Registration District No. 5633

Registrar's No.

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 469 days
(Specify whether
In this community 469 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Illmo
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location) 0
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Calvin Davis

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Charles Davis
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased April 16th 1916
(Month) (Day) (Year)

8. AGE: Years 24 Months 10 Days 3
If less than one day hr. min.

9. Birthplace Benton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer (Government)

11. Industry or business
12. Name Isaac Davis
13. Birthplace Nashville Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Ernie Mauer
15. Birthplace Dubois Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Missouri State Sanatorium

17. (a) Removal (b) Date thereof 2-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director H. D. Fassett
(b) Address Mt. Vernon, Mo.

19. (a) Feb. 20 - 1941 (b) R. A. Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th
year 1941 hour 5:38 minute P M.

21. I hereby certify that I attended the deceased from Nov. 8 1939 to Feb 19 1941
that I last saw him alive on Feb 19th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Duration abt 7 mos

Due to Tuberculosis
Due to 12/12
Other conditions (Include pregnancy within 3 months of death)

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?

421
While at work (Specify type of place) (a) Means of injury
23. Signature Charles Fassett (M.D. or other)
Address Mt. Vernon Date signed 2/20/41

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.

Signed..... *H. D. Fossett*

Licensed Embalmer No. *2201*

P. O. Address..... *Mt. Vernon 9*

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.