

FILED APR 1 1942 345

STANDARD CERTIFICATE OF DEATH

11444

Registration District No. ....

Primary Registration District No. 5800

State File No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Sikeston Mo. Rural  
(c) Name of hospital or institution: East Prairie  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Months  
In this community 5 Months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Fulton 999  
(c) City or town Cayce 150  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Jeff Davis

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased. 12 25 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 12 Days 22 If less than one day ..... hr. .... min.

9. Birthplace Fulton Co. Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business .....

12. Name Dan Davis

13. Birthplace Elizabeth Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Treece

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

16. (a) Informant Samuel Binford

(b) Address Sikeston Mo. R.#.3

17. (a) Removal (b) Date thereof 3/17/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cayce Kentucky

18. (a) Signature of funeral director Hunter  
(b) Address Sikeston Mo.

19. (a) 3-17-42 (b) ..... (Registrar's signature)  
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17  
year 1942 hour 11 minute 15 a.m.

21. I hereby certify that I attended the deceased from 3-1  
1942 to 3-17 1942

that I last saw him in alive on 3-16 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Duration 1 week

Due to Hypertension

Due to .....

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations g3a

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?

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

23. Signature Dr. D. D. ... (M. D. or other) G.M.A.

Address Wolchase, Mo. Date signed 3-17-42

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

12  
0  
0

5  
0-42

MAR 31 1942

MAY 21 1942

RECEIVED

District Health Office No. 2,

District File Number 342-446

Date Filed 3-27-42

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.....

*Embalmed*

..... Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Hunter Albright*

Licensed Embalmer No. ....

*4210*

P. O. Address.....

*Sikeston*

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.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Mo.  
County of New Madrid SS.

State File No. \_\_\_\_\_  
Local Registrar's No. \_\_\_\_\_

AFFIDAVIT FOR CORRECTION OF A RECORD

On this \_\_\_\_\_ day of \_\_\_\_\_, 194\_\_\_\_, before me appears \_\_\_\_\_

\_\_\_\_\_, who, upon \_\_\_\_\_ oath, states that the original record of ~~birth~~ death  
for Jeff Davis, ~~died~~ born \_\_\_\_\_, 19\_\_\_\_, in the State of  
Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 7 should read 1-25-1864

Instead of 1-25-1874

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant \_\_\_\_\_ Relationship \_\_\_\_\_

Present Address \_\_\_\_\_

Subscribed and sworn to before me this 29th day of April, 1942

My Commission expires Aug. 27-'44 Jay Sifford Notary Public.

*Administrative*  
*Pharmaceutical*  
*Abertox Undertaking Company,*  
*Olveston, Mo.*  
*Hannah Abertox*

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MAY 1 1942

114144