

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14022

Registration District No. 182

Primary Registration District No. 4108

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Christian

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ernest Davis

3. (b) If veteran, name war no

3. (c) Social Security No. 702-09-9271

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 16 year 1942 hour 7 minute 30 AM

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maud Davis

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March, 19, 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 18th 1942 to April 16 1942 that I last saw him alive on April 10 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>		<u>28</u>	hr. _____ min. _____

Immediate cause of death: Acute Corruptive Heart Failure

Due to pulmonary hemorrhage

Due to _____

Duration 3 months

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

10. Usual occupation W.P.A. laborer

Other conditions Venous Stasis
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Benton Davis

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

14. Maiden name Janie Williams

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

Major findings: 1142

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Maud Davis

(b) Address Clever, Mo.

17. (a) burial (b) Date thereof Apr. 17, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel

18. (a) Signature of funeral director J.W. Maples

(b) Address Clever, Mo.

19. (a) April 17, 42 (b) Mary J. Spear
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature J. R. Hull (M. D. or other) Do.

Address Severson, Mo Date signed 4/16/42

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

P.

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