

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 4 1942

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 71

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town BOONVILLE

(c) Name of hospital or institution 721 EAST WATER STREET
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: 40 YEARS (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER

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

(d) Street No. 721 EAST WATER STREET
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ELIZA DAVIS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife GEORGE DAVIS

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

7. Birth date of deceased MAY 14 1840
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>102</u>	<u>0</u>	<u>0</u>	_____ hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business HOUSEKEEPER

12. Name WILLIAM PINKETT

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

14. Maiden name UNKNOWN

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

16. (a) Informant's own signature MRS HORACE CARTER

(b) Address BOONVILLE, MO

17. (a) BURIAL (b) Date thereof MAY 16, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO

19. (a) May-16-42 (b) Dr. Chas. Sulap
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1942 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from April 10, 1942 to May 14, 1942
that I last saw her alive on May 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to _____

Due to _____

Other conditions cutaneous ulcers
(include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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)

23. Signature T. E. Beckett (M. D. or other) MD

Address Boonville, MO Date signed 5-16-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-2-12

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 _____

James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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, above space should be left blank.