

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS
FILED JUN 16 1948

Registration District No. 5933

Primary Registration District No. 707A

Registrar's No. 2

84
000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Bolivar, rural, Westport
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bolivar Route 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Bolivar - rural - Westport
(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 _____

3. (a) PRINT FULL NAME

Lorenzo "Wren" Davis

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Dorise Elizabeth 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased: Oct 7 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer (retired)

11. Industry or business _____

12. Name James Edwin Davis

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

14. Maiden name (Unknown) Ingram

15. Birthplace Polk County, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. one Blakey

(b) Address Bolivar, Mo.

17. (a) Burial (b) Date thereof May 16 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eman Cemetery

18. (a) Signature of funeral director Hutchison & Co

(b) Address Bolivar, Mo.

19. (a) June 9 - 1948 (b) Hilliard E. Dickinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1948 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from Apr 3 - 1948 to May 25 1948
that I last saw him alive on May 25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Prostatic carcinoma

Due to _____

Due to _____

Other conditions 516
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 H. J. Harold (M. D. or other) _____

Address Bolivar, Mo. Date signed 6-9-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

A 101

2672

RECEIVED

District Health Officer No. 7,

District File Number 6-42-672

Date Filed 6-13-43

Handwritten notes and signatures:
#44
#43
[Signature]
[Signature]
[Signature]

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 _____

Licensed Embalmer No. 4154

P. O. Address Bolivar, 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 was not embalmed, fact should be so stated above.