V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

3
1
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20531

Registration District No. 19 Primary Registration District No. 4013 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Atchison.
(b) City or town Rock Port.
(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 ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Atchison. 3
(c) City or town Rock Port. Mo 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Elbert Trenton Davis

3. (b) If veteran, name war ✓

3. (c) Social Security No. 487-14-7386

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married. 1

6. (b) Name of husband or wife Lula Mae Thorp.

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased 1 (Month) 25 (Day) 1914 (Year)

8. AGE: Years 28 Months 4 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace FAIRFAX (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business .....

FATHER
12. Name Emory Davis
13. Birthplace Oberlin (City, town, or county) Kan. 1 (State or foreign country)

MOTHER
14. Maiden name Grace Bradley
15. Birthplace Nishnabotna (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs Trenton Davis
(b) Address Rock Port. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Greenhill. Cem.

18. (a) Signature of funeral director Grat Berthalaine
(b) Address Rock Port Mo

19. (a) June 8, 1942 (Date received local registrar) (b) Bettie Jayne Anthony (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1942 hour 9 a.m. minute 1 M.

21. I hereby certify that I attended the deceased from Dawson June 8, 1942 to ....., 19.....
that I last saw him alive on June 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Anemia
Pectoris 1

Due to Organic heart affection

Due to Coronary affection

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

Major findings:
Of operations .....
Of autopsy .....

94 b

Duration

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

23. Signature W. R. Strickland (M. D. or other) M.D.
Address Rockport Mo Date signed June 8, 1942

1141

(Licensed Embalmer's Statement on Reverse Side)

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. Gratz Bartholomew

Licensed Embalmer No. 3173

P. O. Address. Port Post. 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, fact should be so stated above.