

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 142

FILED OCT 28 1942

Registration District No. 39

Primary Registration District No. 5227

19
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0

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Rural Peculiar Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 23 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

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

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

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

3. (a) PRINT FULL NAME MATILDA KATHERINE DAVIS

8. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1942 hour 7:50 minute A M.

4. Sex Female 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June 20 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 11 1928 to Oct. 7 1942
that I last saw him alive on Oct 7 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 3 Days 20
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

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

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations § 20

Of autopsy _____

10. Usual occupation Housewife

11. Industry or business _____

12. Name Josiah G. Martens

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

14. Maiden name Elizabeth Martens

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

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? _____

16. (a) Informant Perry J. Moore

(b) Address Harrisonville, Mo.

17. (a) burial (b) Date thereof 10-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wells Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO.

19. (a) Oct. 12-1942 (b) Margaret Rolle
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J. S. Triplett, M.D. (M. D. or other)

Address Harrisonville, Mo. Date signed 10/2/42

Duration 14 yrs

Due to 14 yrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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. 33680

P. O. Address Harrisonville 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.