

FILED MAR 27 1948

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10225

State File No.

Registrar's No.

Registration District No.

Primary Registration District No. 2000

222

39  
2  
6

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

1. PLACE OF DEATH:

(a) County: **GREENE**

(b) City or town: **Springfield, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **321 N. Warren /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **Several Years** (Specify whether years, months or days)

In this community: **Several Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Greene**

(c) City or town: **Springfield, Mo.**  
(If outside city or town limits, write "RURAL")

(d) Street No. **321 N. Warren** (If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country: **0**

3. (a) PRINT FULL NAME: **William A. Davis**

(b) If veteran, name war: **No.**

(c) Social Security No.: **Unknown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **12** year **1943** hour **8** minute **00** A. M.

4. Sex: **Male**

5. Color or race: **White**

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

6. (b) Name of husband or wife: **Emiline Davis**

6. (c) Age of husband or wife if alive: **45** years

7. Birth date of deceased: **March 7 1878**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 15 1942** to **March 12 1943**, 19 **43** and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Occlusion**

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <b>65</b> | <b>0</b> | <b>5</b> | hr. min.             |

Due to: **Arterio-sclerosis**

Due to:

Other conditions: **gfa**  
(include pregnancy within 3 months of death)

9. Birthplace: **Highlandville, Missouri**  
(City, town, or county) (State or foreign country)

Major findings: Of operations:

Of autopsy:

Underline the cause to which death should be charged statistically.

10. Usual occupation: **Miller**

11. Industry or business: **Miller M. F. A. Mill Co.**

12. Name: **Thomas Davis**

13. Birthplace: **Miller Co., Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name: **Manila Cook**

15. Birthplace: **Unknown Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Emiline Davis**

(b) Address: **321 N. Warren**

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof: **3-15-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation: **Hazelwood**

18. (a) Signature of funeral director: **Dunn Funeral Home**

(b) Address: **629 W. Walnut Springfield**

19. (a) **3-12-43** (Date received local registrar)

(b) **W. H. Stanley** (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)

Means of injury:

23. Signature: **Emiline Davis** (Physician, D. or other)

Address: **422 Med. Arts Bldg.** Date signed: **3-12-43**

P

gfa

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.....

*Body Was Embalmed*  
working under my personal supervision.

Registered Apprentice No.....

Signed *Frank Grable Jr.*

Licensed Embalmer No. *4140*

P. O. Address *Springfield, 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.

*L*