

S. No. 2
4-5-42
1-17-39

X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10632

State File No.

FILED APR 7 1948
Registration District No.

Primary Registration District No. 5598

Registrar's No. 33

1. PLACE OF DEATH:
 (a) County **Johnson**
 (b) City or town **Rural Columbus TWS.**
 (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 **70 Yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Johnson**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Columbus**
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Basil B. Davis**
 3. (b) If veteran, name war
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **3** day **26**
 year **1943** hour **1** minute **30** A.M.

4. Sex **M** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Minnie Davis**
 6. (c) Age of husband or wife if alive **60** years
 7. Birth date of deceased **Aug. 1, 1972**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **9-20-** 19**42** to **3-25-** 19**43**
 that I last saw him alive on **3-20-** 19**43**
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 7 25 hr. min.

Immediate cause of death **Mucosal Carcinoma of Uterus**
 Due to
 Due to

9. Birthplace **Johnson Co. Mo.**
 (City, town, or county) (State or foreign country)

Other conditions **Purulent**
 (Include pregnancy within 3 months of death)

10. Usual occupation **Farmer**

Major findings: **552**
 Of operations
 Of autopsy
 PHYSICIAN

11. Industry or business
 12. Name **Will Davis**
 13. Birthplace **Kentucky**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Annie Wilson**
 15. Birthplace **Kentucky**
 (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 **Mrs. Minnie Davis**
 (b) Address **Centerview, Mo.**

17. (a) **Burial** (b) Date thereof **Mar. 27, 1943**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Columbus Cem.**

While at work? (Specify type of place)
 (e) Means of injury
 23. Signature **E. B. Nisbet** (M. D. or other)
 Address **Osceola, Mo.** Date signed **3/24/43**

18. (a) Signature of funeral director **D. L. Hoover**
 (b) Address **Osceola, Mo.**
 19. (a) **Mar 27 1943** (b) **Leola M. Williams**
 (Date received local registrar) (Registrar's signature)

1001

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-5-43

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

George R. Husman

..... Licensed Embalmer No. 2541

..... P. O. Address Odessa, Mo1

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.