

FILED FEB 1 1944

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 650

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trisco Hospital - 4960 Laclede
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 12-7-43 to 1-21-44
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 1229 St Louis St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 44 hour 10 minute 47 M.
21. I hereby certify that I attended the deceased from 12/7, 1943, to Jan 21, 1944
that I last saw him alive on Jan 21, 1944
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME JAMES A. DAVIS

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle Davis 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased December 1, 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 20 If less than one day hr. min.

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

10. Usual occupation Machinist

11. Industry or business Railroad

12. Name James Davis

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

14. Maiden name Fanny Smith

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

16. (a) Informant Mrs Myrtle Davis

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 1-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4800 Washington Blvd.

19. (a) JAN 21 1944 (b) J. C. Bradeck
(Date received local registrar) (Registrar's signature)

Immediate cause of death Carcinoma Head Pancreas

Due to H&H

Due to H&H

Other conditions Jaundice from pressure on common duct & tumor liver
(Include pregnancy within 3 months of death)

Major findings: Carcinoma head Pancreas - tubercular liver
Of autopsy

Duration

about 4 mos

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) no

(b) Date of occurrence 1

(c) Where did injury occur? 1
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 1 (Specify type of place) (2) Means of injury 1

23. Signature EMF (M. D. or other)
Address 4960 Laclede St. Springfield, Mo. Date signed 1/21-44

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

MOTHER FATHER

FEB 7 1944

AUG 21 1944

MAR 1 3 1944

APR 17 1947

MAR 15 1945

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 *Robert G. Kopp*

Licensed Embalmer No. 2971

P. O. Address.....

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.