

FILED FEB 7 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4041

Registration District No. 295

Primary Registration District No. 4442

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Higbee Mo.
(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

3. (a) PRINT FULL NAME David Davis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 22 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 II 4 _____ hr. _____ min.

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

10. Usual occupation Coal Miner

11. Industry or business _____

MOTHER FATHER { 12. Name William Davis

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

14. Maiden name Dont know

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

16. (a) Informant Mrs David Davis
(b) Address Higbee Mo.

17. (a) Burial (b) Date thereof Jan 28 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Higbee Mo.

18. (a) Signature of funeral director Joe W. Burton

(b) Address Higbee Mo.

19. (a) 2-1-44 (b) Mrs. P. O. Dwyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1944 hour 12 minute 45 PM

21. I hereby certify that I attended the deceased from 10:30 to 11:25 1944
that I last saw him alive on Jan 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death nephritis chronic
Due to _____
Due to _____

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

Major findings: 131
Of operations _____
Of autopsy _____

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 2
(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) (e) Means of injury _____

23. Signature J. H. Burton (M. D. or other) _____
Address Higbee MO Date signed 1/27-44

RECEIVED

District Health Officer No. 10

District File Number 2-44-259

Date Filed FEB 4 1944

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..... *K.P.M. Cary*

Licensed Embalmer No. 3153

P. O. Address Glasgow 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.