

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9447

State File No.

FILED MAR 18 1945
Registration District No. 175

Primary Registration District No. 3015

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Clinch

(b) City or town Cameron
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: Caldwell

(a) State Mo. (b) County Clinch

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

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Lewis K. Davis

3. (b) If veteran, name war no

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26
year 1945 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

6. (b) Name of husband or wife Inez 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan 28 1874
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis and myocardial degeneration

Duration 2 years

8. AGE: Years 70 Months 11 Days 28 If less than one day _____ min.

Due to all aged on street

Due to _____

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

10. Usual occupation Farming

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name A. L. Davis

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

14. Maiden name Margie Davis

15. Birthplace Unknown St. 1
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Christine Davis

(b) Address Kidders Mo

17. (a) Removed (b) Date thereof 1-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kidders Mo

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? _____

18. (a) Signature of funeral director O. J. Moore

(b) Address Cameron Mo

19. (a) 1-26-1945 (b) Mrs. Kathleen Harris
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A. L. Templeman Coroner Clinch Co.
Address Cameron Mo Date signed 1/26/45

1086

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____
O. Moore

Licensed Embalmer No. *1180*

P. O. Address *Cameron 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.