DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

Registration District No. 38

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14745

Primary Registration District No. 6148

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Essex, Mo. R. # 2 (Castor Twp)
(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 years, months or days)
In this community 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Essex, Mo. R. # 2.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JUNIOR EDWARD DAVIS

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife ----

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

7. Birth date of deceased Jan. (Month) 9, (Day) 1945 (Year)

8. AGE: Years -- Months 2 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Essex (City, town, or county) Rural Mo (State or foreign country)

10. Usual occupation ----

11. Industry or business ---

FATHER
12. Name Tom Davis
13. Birthplace Stoddard Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Margaret Hilderbrand
15. Birthplace Stoddard Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Tom Davis (Father)
(b) Address Essex, Mo. R. # 2.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. (Month) 27-45 (Day) (Year)
(c) Place: burial or cremation Walker cemetery

18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.

19. (a) 3/30/45 (Date received local registrar) (b) Pearl Elmore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 26th year 1945 hour 1:15 minute P. M.

21. I hereby certify that I attended the deceased from 3/10, 1945, to 3/26, 1945; that I last saw him alive on 3/24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Abdominal

Due to Tumor

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Essex, Mo. Date signed 3/29/45

1130

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 45-544
Date Filed 4/10/45

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 Infant was not embalmed.

Licensed Embalmer No. .....

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.