S. No. 2
M—8-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20577

FILED JUL 14 1945

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 8

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

9
0
0

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Purcell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Purcell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 45 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Purcell Mo.
(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 Garland Allie L Davis

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

3. (c) Social Security No. 500-09-1512

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lucy M L Davis

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

7. Birth date of deceased February (Month) 26 (Day) 1887 (Year)

8. AGE: Years 58 Months 3 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation Miner

11. Industry or business .....

FATHER
12. Name W. P. L Davis
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Allie A. Rickner
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lucy M L Davis
(b) Address Purcell Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 (Month) (Day) 1945 (Year)
(c) Place: burial or cremation Friends Cemetery

18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City Mo

19. (a) June 12 1945 (Date received local registrar) (b) Mrs. Lillie Eagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1945 hour 12 30 minute a M.

21. I hereby certify that I attended the deceased from June 1, 1945 to June 8, 1945; that I last saw him alive on 6-7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Pulmonary Tuberculosis

Due to .....

Due to .....

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.

13K

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 2

23. Signature Hobart L Berry (M. D. or other) DO

Address Alba Mo Date signed 6-11-45

11 80

(Licensed Embalmer's Statement on Reverse Side)

45-6-554

JUL 19 1945

MAR 15 1956

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

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City - 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.