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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. **5301**

**FILED** MAR 12 1946  
Registration District No. **28**

Primary Registration District No. **5465**

Registrar's No. **106**

1. PLACE OF DEATH: **Greene**  
 (a) County: **Greene**  
 (b) City or town: **Rural, N. Campbell Twp.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Pearl Nursing Home, Route #4**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: **In hospital or institution 4 Days**  
 In this community **4 Days**  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: **Missouri** (b) County: **Falk 84**  
 (c) City or town: **Aldrich**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **in Aldrich, Mo. 1**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country: **None**

3. (a) PRINT FULL NAME: **Joseph Columbus Davis**  
 3. (b) If veteran, name war: **None**  
 3. (c) Social Security No.: **None**

20. DATE OF DEATH: Month **Feb.** day **1**, year **1946** hour **3:30** minute **PM**

MEDICAL CERTIFICATION

4. Sex: **Male** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Divorced**  
 6. (b) Name of husband or wife: **Anna Davis** 6. (c) Age of husband or wife if alive: **Deft None**  
 7. Birth date of deceased: **Sept. 3, 1878**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1-31-** 1946, to **2-1-** 1946, that I last saw him alive on **1-31-** 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary thrombosis died rather suddenly.**  
 Duration: **Short**

8. AGE: Years **67** Months **4** Days **29**  
 If less than one day hr. min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace: **Falk County Missouri**  
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation: **Farmer**

Major findings: Of operations \_\_\_\_\_

11. Industry or business: **Farming**

Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

12. Name: **Arch Davis**

13. Birthplace: **UNK. Missouri**  
 (City, town, or county) (State or foreign country)

14. Maiden name: **Eliza Wright**

15. Birthplace: **UNK. Missouri**  
 (City, town, or county) (State or foreign country)

16. (a) Informant: **Blaine Hicks**  
 (b) Address: **Bolivar, 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? \_\_\_\_\_

17. (a) Signature of funeral director: **Erwin and Blue Pleasant Ridge Cemetery**  
 (b) Address: **Bolivar, Mo.**

While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_

19. (a) **3-2-46** (b) **5172 Handy**  
 (Date received local registrar) (Registrar's signature)

23. Signature: **J. D. Murch** (M. D. or other) \_\_\_\_\_  
 Address: **Springfield, Mo.** Date signed: **2-1-46**

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

**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 William B. Erwin  
Licensed Embalmer No. 3092  
P. O. Address Polina, 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.**