

U.S. No. 2
FORM-3-43
Rev. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **36242**

FILED DEC 4 1946
Registration District No. **47**

Primary Registration District No. **3008**

Registrar's No. **386**

1. PLACE OF DEATH

(a) County Callaway

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

(c) Name of hospital or institution: State Hosp # 1 D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 2 months
(Specify whether)

In this community same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 2307 Callaway's
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marion D Davis

3. (b) If veteran, name war No

3. (c) Social Security No. 270

4. Sex Male 5. Color or race White

5. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Feb 19 1881
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Nov day 24 year 1946 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from March 1, 1946, to Nov 24, 1946, that I last saw him alive on Nov 24, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion

Due to arteriosclerosis

Due to _____

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

Major findings: Of operations 949

Of autopsy _____

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>9</u>	<u>5</u>	hr. min.

9. Birthplace Jersey Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Common Labor

MOTHER FATHER

11. Industry or business _____

12. Name Charles Davis

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

14. Maiden name Rebecca Christwell

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

16. (a) Informant Hosp. Recd.

(b) Address _____

17. (a) Columbiana (b) Date thereof 11 26 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbiana Mo

18. (a) Signature of funeral director J. C. Roberts

(b) Address Columbiana Mo

19. (a) 11-26-46 (b) John Morandhoff
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm. J. Craven (M, D, or other) _____
Address Deans City - Jackson Co

(Licensed Embalmer's Statement on Reverse Side)

11-24-46

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

35084

Date Filed 11-2-76
District File Number _____

District Health Officer No. 9,

RECEIVED

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.....

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.