

No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41592

FILED DEC 17 1946

State File No.

Registration District No. 274

Primary Registration District No. 5933

Registrar's No. 457

1. PLACE OF DEATH:

(a) County PETTIS

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 3.5 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County PETTIS

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

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

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

3. (a) PRINT FULL NAME JOSEPH S. DAVIS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife ALICE

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased 3 11 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 8 20 hr. _____ min.

9. Birthplace RICHMOND KY 1
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES DAVIS

13. Birthplace LOUISVILLE KY 1
(City, town, or county) (State or foreign country)

14. Maiden name NANNIE GOOCH

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

16. (a) Informant MRS. J. S. DAVIS

(b) Address LONGWOOD, Mo.

17. (a) BURIAL (b) Date thereof 12-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LONGWOOD, Mo.

18. (a) Signature of funeral director Geo Willard

(b) Address Sedalia, Mo

19. (a) 12/2/46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

251 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 1
year 1946 hour 3 minute a M.

21. I hereby certify that I attended the deceased from Apr, 1946, to Nov, 1946
that I last saw him alive on Nov 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach
Duration 6 months

Due to _____

Due to _____

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

Major findings: 46 B
Of operations _____

Of autopsy _____

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 John M. Neish (M. D. or other) MD

Address Houstonia Mo Date signed 12-2-46

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-14-46

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 _____

Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia

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.