

No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20220**
Registrar's No. **254**

FILED JUL 11 1947

Registration District No. **43**

Primary Registration District No. **5143**

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Poplar Bluff Twp.
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler **121**

(c) City or town Poplar Bluff, **7**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) **3**

(e) Citizen of foreign country? _____ (Yes or No) **1**
If yes, name country _____

3. (a) PRINT FULL NAME George N. 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 Married

6. (b) Name of husband or wife Anna Davis, 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb. 3, 1873
(Month) (Day) (Year)

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

74	4	19	hr. min.
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9. Birthplace Golden Gate, Wayne, Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Farmer

MOTHER FATHER

12. Name Thomas Davis,

13. Birthplace Wayne Co. Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hedge

15. Birthplace Wayne Co. Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Davis,

(b) Address Poplar Bluff, Mo. R. #5

17. (a) Burial (b) Date thereof June 25, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Creek Cemetery

18. (a) Signature of funeral director Watkins Funeral Ser.

(b) Address Dexter, Mo.

19. (a) 7-1-47 (b) R. Minnetre
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 22,
year 1947 hour 10 minute _____ P. A. M.

21. I hereby certify that I attended the deceased from June 1,
1947 to June 22, 1947

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above

Immediate cause of death Asphyxiation Duration _____

Due to Cardiac Failure

Due to Cardio-vascular renal disease

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

Major findings:
Of operations _____

Of autopsy 131A

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 _____

Signature Ed Mabel (M. D. or other) _____

Address Poplar Bluff, Mo. State Mo. Dated 6-26-47

RECEIVED
District Health Office No. 2,
District File Number 747-929
Date Filed 7-3-47

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 Lynnan Steele
Licensed Embalmer No. 2476
P. O. Address Wester 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.