

S. No. 2
M-5-43
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

35179

FILED OCT 20 1947

Registration District No. 250

Primary Registration District No. 58751397

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Oregon

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

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

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

In this community 5 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Alton (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Felix 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 Maria Rosetta Davis

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased July 31 1862
(Month) (Day) (Year)

8. AGE:

| | | | |
|-------|--------|------|----------------------|
| Years | Months | Days | If less than one day |
| 84 | 11 | 5 | hr. _____ min. _____ |

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name John Riley Davis 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Elvira ?

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Georgia Hagey

(b) Address Peoria, Ill., 608 Johnson St.

17. (c) Burial (b) Date thereof 8/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huddleston Cem.

18. (a) Signature of funeral director Jelaud Carter

(b) Address Theyer, Mo.

19. (a) 9/23/47 (b) msw Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1947 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from _____ 1947 to _____ 1947

that I last saw her alive on July 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Heart Disease
Atherosclerosis

Due to Senility

Due to _____

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

Major findings: Of operations 929

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 W. J. Carter (M. D. or other) MD
Address Theyer, Mo Date signed 9/19/47

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

RECEIVED

District

District

Date Filed

1047562
10-17-47

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.....

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.