

FILED NOV 18 1947

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40651

Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 338
(b) Township Castor Primary Registration District No. 6148 Registered No. 10
(c) City Essex, Rural # 2 (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Unnamed Davis

(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1947

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
-0 -- -- --

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. ---
9. Industry or business in which work was done, as saw mill, bank, etc. ---
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) Essex, Mo. Route #
(STATE OR COUNTRY) Missouri13. NAME Paul Davis14. BIRTHPLACE (CITY OR TOWN) Essex, Mo. Route
(STATE OR COUNTRY) Missouri.15. MAIDEN NAME Gertrude Brady16. BIRTHPLACE (CITY OR TOWN) Aid, Mo.
(STATE OR COUNTRY)17. INFORMANT Paul Davis
(ADDRESS) Essex, Missouri, R. # 2.18. BURIAL, CREMATION, OR REMOVAL PLACE Taylor cemetery DATE Oct. 11, 194719. FUNERAL DIRECTOR (NAME) Chiles Und. Co.
(ADDRESS) Bloomfield, Mo.20. FILED 11-14-47, 19 Rose Weber
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11, 194722. I HEREBY CERTIFY, That I attended deceased from 10-11, 1947 to 10-11, 1947I last saw him alive on 10-11, 1947 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

CONGENITAL DEBILITY

Date of onset

Other contributory causes of importance:

UNKNOWN

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 1

If so, specify _____

(Signed) Paul Davis, M.D.(Address) BLOOMFIELD

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

District Office No. 2

District File Number 1147-1485

Date Filed 11-12-47

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..... No embalming. ✓

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, above space should be left blank.