

FILED SEP 8 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHDr. Kimes 25663
State File No. _____

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 273

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: South East Missouri Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
 In this community 21 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME OSIAH B. DAVIS3. (b) If veteran, name war 3. (c) Social Security No. 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Sarah Davis 6. (c) Age of husband or wife if alive 73 years7. Birth date of deceased July 9 1879
(Month) (Day) (Year)8. AGE: Years 69 Months 1 Days 14 If less than one day hr. _____ min. _____9. Birthplace Stoddard County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Service Station operator

11. Industry or business _____

12. Name Unknown13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Sarah Davis(b) Address Caruthersville, Missouri17. (a) Removal (b) Date thereof Aug. 25, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Caruthersville, Mo.18. (a) Signature of funeral director La Forge Und. Co.(b) Address Caruthersville, Mo.19. (a) 9-4-48 (b) C. C. Zimmerman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
 (c) City or town Caruthersville 78
 (If outside city or town limits, write "RURAL")
 (d) Street No. Highway 84 West 0
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 1
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1948 hour 5 minute - P.M.21. I hereby certify that I attended the deceased from 8/17, 1948, to 8/23, 1948.
that I last saw him alive on 8/23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute monocytic leukaemia.

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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 J. H. Kerin (M. D. or other) 0
Address Cape Girardeau, Mo. Date signed 9/2/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. Y

District File Number 948-111

Date Filed 9-7-48

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 Boyt B. Willis

Licensed Embalmer No. 4603

P. O. Address Caruthersville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.