

FILED JAN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40842**
Registrar's No. **44**

BIRTH NO. _____ REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **4338** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) Madison		c. CITY (If outside corporate limits, write RURAL and give township) Madison	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) Fred b. (Middle) Herradon c. (Last) Davis			4. DATE OF DEATH (Month) (Day) (Year) 12-19-1948
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 10 - 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 45
11. BIRTHPLACE (State or foreign country) 994		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Arthur Channing Davis		13b. MOTHER'S MAIDEN NAME Laura Boston	
14. NAME OF HUSBAND OR WIFE Lila Moore Davis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lila Davis ADDRESS Madison	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 470		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of Septicemia INTERVAL BETWEEN ONSET AND DEATH 2 ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION L	19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-1 , 19 48 , to 12-19 , 19 48 that I last saw the deceased alive on 12-19 , 19 48 , and that death occurred at 5:30 a.m. , from the causes and on the date stated above. D			
23a. SIGNATURE M. H. Reichman (Degree of title)		23b. ADDRESS 1001 Boly/Brunslow	
23c. DATE SIGNED 1-27-49			
24a. BURIAL/CREMATION/REMOVAL (Specify)	24b. DATE Dec 27/1948	24c. NAME OF CEMETERY OR CREMATORY St. Michael's Cemetery, Madison, Mo	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 1/3/49	REGISTRAR'S SIGNATURE Oliver Little	25. FUNERAL DIRECTOR'S SIGNATURE Frank W. Thompson ADDRESS Madison	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

MAY 1 1957

RECEIVED

District Health Officer No. 10

District File Number 149-59

Date Filed JAN 10 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Mrs Fred A. Kaufman

Signed _____
Student Embalmer

Licensed Embalmer No. 3282

P. O. Address Madison 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.