S. No. 2
M—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1948
Registration District No. 206

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5443
Primary Registration District No. 5744
Registrar's No. 62

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Rural— Township #33
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8 mi. S.E. of Fredericktown
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 80 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 mi. S.E. of Fredericktown
(If rural, give location)
(e) Citizen of foreign country? - No - (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edgar Pruitt 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 Emma B. Davis

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May (Month) 21 (Day) 1867 (Year)

8. AGE: Years 80 | Months 8 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Madison County, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Jerry Davis
13. Birthplace ____ (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Vina Henderson
15. Birthplace ____ (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Emma Davis
(b) Address Rt. #1 Fredericktown

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Underwood Cemetary

18. (a) Signature of funeral director Webb - Adams Co.
(b) Address Fredericktown, Mo.

19. (a) 2-3-1948 (Date received local registrar) (b) Florence Beckett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31
year 1948 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan 10, 1947, to Jan 31, 1948, that I last saw him alive on Jan 30, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial degeneration	1 yr.
Due to: Chronic Nephritis	2 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: 1 Of operations	
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, public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. W. DeLerme (M. D. or other) MD.
Address Fredericktown Mo Date signed 1-31-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

...ict Health Officer No. 4

...trict File Number 2-48-216

Date Filed 2-16-48

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 Edward G. Lehrmann, Jr., Registered Apprentice No. 81, working under my personal supervision.

Signed L. Dejean Adamson

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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.