REC'D JUL 7 1938

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

Do not use this space. 23206

1. PLACE OF DEATH

(a) County Webster — Registration District No. 896

(b) Township Grant — Primary Registration District No. 6199 — Registered No. 18

(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Dewey Davis 120

(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eva Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 23, 1898

7. AGE: YEARS 40 — MONTHS 2 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co., Mo.

FATHER
13. NAME: William Fyan Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co., Mo.

MOTHER
15. MAIDEN NAME: Sadie Robertson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co., Mo.

17. INFORMANT (ADDRESS): Wilbur Davis, Springfield, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Timber Ridge DATE June 23, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Rex Rainey, Marshfield, Mo.

20. FILED June 28, 1938 Elizabeth Highfire, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to June 21, 1938
I last saw h— alive on June 21, 1938. Death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis of Lungs.

Date of onset

Other contributory causes of importance: 23 A

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? .....
If so, specify .....
(Signed) W. F. Schlicht, M. D.
(Address) Niangua Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

FEB 16 1948

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, X Rex Rainey, or by X

Registered Apprentice No. X, working under my personal supervision.

Signed Rex Rainey

Licensed Embalmer No. 3512

P. O. Address Marshfield, Missouri

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.