

Registration District No. 1605

Primary Registration District No. 30325887

Registrar's No. 93

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

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Hughesville, Mo. Rt.
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 59 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Hughesville Rural
(If outside city or town limits write "RURAL")
(d) Street No. Route # 2
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Walter D. Davis 120

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maudie E. Davis 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April 19 1877
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Clintonville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Davis

13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth James

15. Birthplace Don't know 11
(City, town, or county) (State or foreign country)

16. (a) Informant Maudie E. Davis, 1

(b) Address Hughesville Mo

17. (a) Burial (b) Date thereof 3-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Monte Mo

18. (a) Signature of funeral director B. F. Parker

(b) Address La Monte Mo

19. (a) 3-9 1940 Mrs Harry Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 7-1940
year 1940 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Mar 7 to Mar 7 1940
that I last saw him alive on Mar 7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Septic sore throat 4 days
Infection or bacteria

Due to Infection in throat following Influenza.

Due to Influenza

Other conditions High blood pressure
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation 112

Of autopsy no 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 W. E. Press (M. D. or other) _____

Address La Monte Mo. Date signed 3-8-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 11-11-40

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: *Paul M. Moore*

Licensed Embalmer No. 3923

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.