

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Wells City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community
years, months or days)

8. (a) PRINT FULL NAME Floyd D. Daves

8. (b) If veteran, name war X 8. (c) Social Security No. X

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

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: NO DATA OBTAINABLE; (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 44 NO DATA OBTAINABLE.
hr. min.

9. Birthplace Ozark County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Misses

11. Industry or business ?

12. Name Floyd D. Daves

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Drough

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Annie Garrett

(b) Address Wells City, Mo.

17. (a) Burial (b) Date thereof April 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wells City Cemetery

18. (a) Signature of funeral director Wells City

(b) Address Wells City, Mo.

19. (a) APR. 27. 40 (b) C. J. Patchett M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Wells City
(If outside city or town limits, write "RURAL")
(d) Street No. C 4th St
(If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1940 hour 1 minute 300 M.

21. I hereby certify that I attended the deceased from April 1, 1940 to April 27, 1940
that I last saw him alive on April 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

Duration

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, in public place? 377

While at work? (Specify type of place) (e) Means of injury 377

23. Signature Wells City (M. D. or other) 377

Address Wells City, Mo. Date signed 4/27/40

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

40-5-27.

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 my self

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P.O. Address Webb City, 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, above space should be left blank.