

Registration District No. 19735

Primary Registration District No. 3034

Registrar's No. 86

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution nine days
(Specify whether
In this community 82 years
years, months or days)

3. (a) PRINT FULL NAME GEORGE M. DAVIS 120
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, Widowed
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. - 2 - 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 11
If less than one day _____ hr. _____ min.

9. Birthplace Randolph Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant (Retired)

11. Industry or business _____
MOTHER FATHER { 12. Name Madison Davis
13. Birthplace Randolph Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Zarilda McCally
15. Birthplace Randolph Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Earl Robertson
(b) Address 5 State St.

17. (a) Burial (b) Date thereof April 14 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Grove
18. (a) Signature of funeral director Shore Funeral Home
(b) Address Moberly Mo

19. (a) Apr 14 - 1940 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Blanks
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 13th
year 1940 hour Four minute thirty A.M.

21. I hereby certify that I attended the deceased from Apr 5 to Apr. 13 1940
and that death occurred on the date and hour stated above.
that I last saw ~~him~~ her alive on Apr. 12 1940

Immediate cause of death Chronic Interstitial Nephritis - yrs.
Due to Prostatic Hypertrophy - yrs.
Due to _____

Other conditions (Include pregnancy within 3 months of death) 121

Major findings: Of operations _____
Of autopsy _____
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) no
(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? no

While at work? _____ (Specify type of place) (e) Name of injury _____
23. Signature L E Huber M.D.
Address Moberly Mo Date signed 4/13/40

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.

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 *and*

J. E. Barnes No. 2414, Registered Apprentice No. _____
working under my personal supervision.

Signed *R. M. Cater*

Licensed Embalmer No. *4117*

P. O. Address *Moberly 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.