

11-17-75  
21492

FILED SEP 23 1940  
Registration District No. **556**

Primary Registration District No. **4778**

Registrar's No. **40**

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

1. PLACE OF DEATH:

(a) County **Mercer**  
(b) City or town **Princeton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **2**  
(If not in hospital or institution, write street number or location) **No**  
(d) Length of stay: **In hospital or institution** **No**  
**12 Days** (Specify whether years, months or days)

8. (a) PRINT FULL NAME **Charles Clover Davis (Jr)**

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. **None**

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

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

7. Birth date of deceased: **Dec. 23** **1876**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **8** Days **8** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Mercer Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Grocery Clerk, -Retired.**

11. Industry or business **Grocery Store**

12. Name **Samuel Davis**

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

14. Maiden name **Delila Reed**

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

16. (a) Informant **Samuel Davis**

(b) Address **Linville, Iowa** **1940**

17. (a) **Removal** (b) Date thereof **9/1-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of **Lineville, Iowa.**

18. (a) Signature of funeral director **O. O. Krumler**

(b) Address **Lineville, Iowa.**

19. (a) **9/1-40** (b) **J. M. Riebel**  
(Date received local registrar) (Registrar's initials)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mercer**  
**South Lineville Mo.**  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
**City**  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? **USA** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **30**  
year **1940** hour **07** minute **00** M.

21. I hereby certify that I attended the deceased from **Aug 18**, 1940 to **Aug 30**, 1940  
that I last saw him alive on **Aug 30**, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: **acute Distention of heart**  
Due to **Chronic Interstitial nephritis - + carbuncle**  
Due to **of Stomach.**

Duration  
**12 days**

Other conditions: **46**  
(Include pregnancy within 3 months of death)

Major findings: **46**  
Of operations: **46**

Of autopsy **None**

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) **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? **494 ✓**

While at work? **494 ✓** (Specify type of place) (e) Means of injury **✓**

23. Signature **J. M. Riebel** (M. D. **initials**)

Address **Linville, Iowa** Date signed **Sept 1**

1940

RECEIVED

District Health Officer No. 11,

District File Number 940-1335

Date, Filed SEP 5 1940

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.....

Ames L. Greenlee, L.E. 3967, Registered Apprentice No. ....

working under my personal supervision.

Signed O. O. Greenlee

Licensed Embalmer No. 872

P. O. Address Pinwell Sq

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.