

Registration District No. 796

Primary Registration District No. 3038

159

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

1. PLACE OF DEATH

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

8. (a) PRINT FULL NAME George Irvine Davis

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 Single

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

7. Birth date of deceased Oct. 11 - 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 13 Days _____ If less than one day _____ hr. _____ min

9. Birthplace Marshall Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Andrew Irvine Davis
13. Birthplace Copus Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Willa Myron Bell
15. Birthplace Nella Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Irvine Davis
(b) Address Marshall Mo. P.O.

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

(c) Place: burial or cremation Funeraria Mo.

18. (a) Signature of funeral director Camptell R. Kent

(b) Address Marshall Mo.

19. (a) 10-14-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall, Route #1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1940 hour 3 minute 20 A. M.

21. I hereby certify that I attended the deceased from Oct. 11, 1940 to Oct. 14, 1940
that I last saw him alive on Oct. 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Childbirth injury - complications
Due to 3 day labor
Due to Contracted pneumonia
Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: Of operations _____
Of 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? Yes
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature M. D. (M. D. or other) 1
Address Marshall, Mo. Date signed 10-15-40

RECEIVED
District Health Officer No. 8,
District File Number 11-13-110
Date Filed

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.....

Licensed Embalmer No.....

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.