

DEC 16 1940

Registration District No. 665

Primary Registration District No. 3039

State File No. _____

Registrar's No. 361

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 501 East 26th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 25 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Franklin 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 Married

6. (b) Name of husband or wife Annie Davis

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 19 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>5</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation Retired Car Carpenter

11. Industry or business M. & KAT Rail Way

12. Name Silas William Davis

13. Birthplace Ind 9
(City, town, or county) (State or foreign country)

14. Maiden name Salina Nidorth

15. Birthplace Ind 9
(City, town, or county) (State or foreign country)

16. (a) Informant E. D. Busker

(b) Address Sedalia Missouri

17. (a) Burial (b) Date thereof Nov. 21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros
Sedalia Missouri

(b) Address _____

19. (a) 11-21-40 (b) Wm. Harry Sued
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 501 East 26th.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1940 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov. 10
1940, to Nov. 19 1940;
that I last saw him alive on Nov. 19 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
& Chronic nephritis

Due to Typhoid

Due to acute silicosis

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

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? _____

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

23. Signature Chas. W. [Signature] (M. D. or owner)
Address Sedalia Mo Date signed Nov 21

Duration 2 1/2 hrs

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

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

1940

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-16-40

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.....

Robert H. Reed

Licensed Embalmer No. *3745*

P. O. Address *Sedalia 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, fact should be so stated above.