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21482

FILED JAN 8 1940

State File No. _____

Registration District No. 1033

Primary Registration District No. 6267

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Rural - White River
(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 _____
In this community 2 years (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone
(c) City or town Rural -
(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.

8. (a) PRINT FULL NAME CHARLIE ELMER DAVIS

3. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruby E Davis 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased July 7 - 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 20 If less than one day hr. _____ min.

9. Birthplace Near Des Moines Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business 0

MOTHER FATHER
12. Name Jonathan H. Davis
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Taylor
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma Johnson
(b) Address Lamp, Missouri

17. (a) Burial (b) Date thereof 12-29-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place burial or cremation Reed Cemetery
Blue Eye, Mo.
18. (a) Signature of funeral director G. W. Dodgen
(b) Address Blue Eye, Mo.

19. (a) 12/28-40 (b) Chestie D. Scott
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1940 hour 9:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec. 1st
1940 to Dec. 27, 1940
that I last saw him alive on Dec. 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 2 wks

Due to Angina 1 yr

Due to _____

Other conditions 94%
(include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

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

23. Signature Harry T. Evans (M. D. or other) M.D.
Address Brown, Mo. Date signed 12/28/40

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

RECEIVED

District Health Officer No. 6,

District File Number 141-3099

Date Filed JAN 4 - 1941

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.