

Registration District No. 796 Primary Registration District No. 3038

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:
17 N. Bell Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All his life years, months or days

3. (a) PRINT FULL NAME Bernis Brown Davis

3. (b) If veteran, name war Civil (Confederacy) 3. (c) Social Security No. X

4. Sex M. 5. Color White race
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fannie Remington
6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased August 10 1848
(Month) (Day) (Year)

8. AGE: Years 92 Months 5 Days 5 If less than one day
hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name William Davis

13. Birthplace Halifax, Va.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy N. Brown

15. Birthplace Saline County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Self

(b) Address 3430 Cypress R. Co.

17. (a) Burial (b) Date thereof Jan 17 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arrow Rock, Mo.

18. (a) Signature of funeral director Charles H. Brown

(b) Address Marshall, Mo.

19. (a) 1-16-41 (b) Robert K. Kent
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 17 N. Bell Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1941 hour 4 minutes 30 A. M.

21. I hereby certify that I attended the deceased from July, 1940 to Jan 15, 1941;
that I last saw him alive on Jan 8, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis.
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 94 W

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO.

(b) Date of occurrence no

(c) Where did injury occur? none

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury none

23. Signature Robert K. Kent (M. D. or other) D

Address Marshall Mo Date signed 1/16/41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed
7-12-41

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.

working under my personal supervision.

Signed

Licensed Embalmer No. 32387

P. O. Address Waukegan, Ill.

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.