

LED MAR 25 1941  
Registration District No. **277**

Primary Registration District No. **4403**

Registrar's No. **48**

1. PLACE OF DEATH:

(a) County Phelps County, Missouri  
(b) City or town Rolla  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McFarland 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Dixon, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 2  
year 1941 hour 4 minute P.M.  
21. I hereby certify that I attended the deceased from 2-28  
1941 to 3-2 1941  
that I last saw him alive on 3-2 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Lobar pneumonia  
Due to \_\_\_\_\_  
Due to Influenza  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?  
W/O (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature C. Miller M.D. (M. D. or other) 1  
Address Dixon, Mo. Date signed 3-3-41

3. (a) PRINT FULL NAME Charles Junior 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 Widow

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

7. Birth date of deceased 4 28 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
10 14 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Charles Everett Davis

13. Birthplace Missouri \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Lenna Singleton

15. Birthplace Missouri \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Everett Davis

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 3m 2-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pisgah

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) March 2, 1941 (b) Joe F. Cypers  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED  
RECEIVED  
District Health Officer No. 5,  
District File Number 341-386  
Date Filed \_\_\_\_\_

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**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, fact should be so stated above.**