

Registration District No. 533

Primary Registration District No. 3027

Registrar's No. 71

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

1. PLACE OF DEATH:

(a) County. Macou  
(b) City or town. Macou, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bannerston Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 3 hrs  
In this community. all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Ennis 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  
(b) Name of husband or wife. Cora Bell Davis 6. (c) Age of husband or wife if alive. 52 years  
7. Birth date of deceased. July 27 1895  
(Month) (Day) (Year)

8. AGE: Years 36 Months 1 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation. Carpenter

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

MOTHER FATHER { 12. Name. Mitchell Davis

13. Birthplace. 1 Va  
(City, town, or county) (State or foreign country)

14. Maiden name. Sarah Corbin

15. Birthplace. Macou Co., Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant. Florida Branch

(b) Address. Atlanta, Mo

17. (a) De Burgh (b) Date thereof. 9-18-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Old Shanty

18. (a) Signature of funeral director. Stephens

(b) Address. Macou, Mo.

19. (a) 10/2/41 (b) Edna Henderson  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Sept day. 16th  
year. 1941 hour. 2 minute. 30 p.m.

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

Immediate cause of death. Shooting self in right side of head with 22 calibre rifle, discharge entering head about 2 1/2" above right ear and taking a downward course to right side of mouth. Lived about 6 hours after incident.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (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). Suicide

(b) Date of occurrence. Sept. 16th, 1941

(c) Where did injury occur? Ethel, Macou, Missouri  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Back yard of home, in work shop

While at work? no (Specify type of place) (e) Means of injury. Rifle shot

23. Signature. H. G. Edwards Coroner 3

Address. Bevier, Missouri Date signed. 9/16/41

OCT 3 0 1941

MAR 11 1953

RECEIVED

District Health Officer No. 10

District File Number 10-41-1809

Date Filed OCT 8 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 C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.