

FILED MAR 16 1942

Registration District No. _____ Primary Registration District No. 5976 B

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

1. PLACE OF DEATH:
 (a) County Ray County
 (b) City or town Rural Richmond
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Home in Country & west of Richmond
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community about fifty years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray
 (c) City or town Rural
(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 LUCIAN SIDNEY DAVIS
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 14
 year 1942 hour 13 minute 0 M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married divorced, remarried
 6. (b) Name of husband or wife Rosa May Ballis
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 5 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 5 1942 to Feb 14 1942
 that I last saw her alive on Feb 14 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
<u>65</u>	<u>11</u>	<u>9</u>	hr. _____ min. _____

Immediate cause of death Diabetic Jaundice
 Due to Diabetic Ketosis

9. Birthplace Ray County (City, town, or county) (State or foreign country) 0
 10. Usual occupation Farmer

Due to _____
 Other conditions (include pregnancy within 3 months of death) 61

11. Industry or business _____
 12. Name B. F. Davis
 13. Birthplace Ray Co. Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Susan Brand
 15. Birthplace Ray Co. Mo. (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Boyd Craven
 (b) Address Richmond Mo.
 17. (a) Todd Chapel (b) Date thereof Feb 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Todd Chapel
 18. (a) Signature of funeral director C. H. Gibson
 (b) Address Oriskany Mo.
 19. (a) Feb 25 1942 (b) Geo. W. Sheppard
(Date received local registrar) (Registrar's signature)

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 0
 23. Signature E. D. Greener (M. D. or other) _____
 Address Richmond Mo. Date signed Feb 14 1942

RECEIVED

District Health Officer No. 8

District File Number ~~-----~~

Date Filed 3-13-42

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.....

C. V. Gibson....., Registered Apprentice No.....
working under my personal supervision.

Signed C. V. Gibson.....

Licensed Embalmer No. 2299.....

P. O. Address Oriskany, 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.