

39  
2  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**755 S. Campbell** /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
(Specify whether  
In this community **60 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **39**  
(a) State **Missouri** (b) County **Greene** **2**  
(c) City or town **Springfield,** **6**  
(If outside city or town limits, write "RURAL")  
**755 S. Campbell**  
(d) Street No. (If rural, give location) **0**  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William P. Davis**  
3. (b) If veteran, name war **Unknown**  
3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **4th**  
year **1942** hour **9:45** minute **P.** M.

4. Sex **Male** **0** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mrs. Lillie Davis**  
6. (c) Age of husband or wife if alive **Unknown** years  
7. Birth date of deceased **October 24, 1880**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 1935** to **May 4, 1942**  
that I last saw h/m alive on **May 2** 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**61** **6** **10** hr. min.

Immediate cause of death: **Coronary heart disease - myocardial infarct** **6 yrs.**  
Due to **atherosclerosis**  
Due to \_\_\_\_\_

9. Birthplace **Greene County, Missouri** **0**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Fire Inspector**  
11. Industry or business **Fire Protection.**

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

MOTHER FATHER {  
12. Name **George W. Davis**  
13. Birthplace **Unknown Indiana** /  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lettie Parris**  
15. Birthplace **Unknown Missouri** **0**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **Mrs. Lillie Davis**  
(b) Address **Springfield, Missouri**

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**

17. (a) **Burial** (b) Date thereof **5/5/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Payne Cemetery**  
18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**  
(b) Address **Springfield, Missouri**  
19. (a) **5-542** (b) *W.S. Haulley*  
(Date received local registrar) (Registrar's signature)

23. Signature *Dr. M. Rigney* (M. D. or other)  
Address **Springfield, Mo** Date signed **5/14/42**

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Harlow Knable

Licensed Embalmer No. 4065

P. O. Address Springfield 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.**

X