

FILED OCT 10 1942
Registration District No. 284

Primary Registration District No. 5975

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

1. PLACE OF DEATH:

(a) County Oak
(b) City or town Flemington - rural - N. McKinley
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days) 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oak
(c) City or town Flemington - rural - N. McKinley
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles north of Huron
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME William Gray 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
6. (b) Name of husband or wife Eda Davis 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Feb 15 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 22 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Hendrickson Davis
13. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Marquette
15. Birthplace unknown Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Eda Davis

(b) Address Flemington Mo - Star Route

17. (a) Burial (b) Date thereof Aug 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves Cemetery

18. (a) Signature of funeral director Chy Jester of Hatched

(b) Address Baldwin Mo

19. (a) Sept. 12 1942 (b) Martha Bush
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw h. alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to 1

Due to 1
Other conditions 1
(Include pregnancy within 3 months of death)

Major findings: Of operations 1

Of autopsy 1

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) 1

(b) Date of occurrence 1

(c) Where did injury occur? 1
(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) (c) Means of injury 1

23. Signature Chy Jester 3 Deputy Town

Address Baldwin Mo Date signed Sept 10

1197

RECEIVED:

District Health Officer No. 17

District File Number 10-42-1025

Date Filed 10-1-42

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.....

Licensed Embalmer No. 4154

P. O. Address. Balinon 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.