

2  
41  
39  
26390

**FILED FEB 19 1943**  
Registration District No. **11**

Primary Registration District No. **5039**

Registrar's No. **4**

**1. PLACE OF DEATH:**

(a) County **Barry**  
(b) City or town **Butterfield Twp.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community **about 2 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Reuben Davis**

3. (b) If veteran, name war **none**  
3. (c) Social Security No. **L**

4. Sex **male** / Color or race **white**  
6. (a) ~~Single~~ **widowed** / ~~married~~ / ~~divorced~~ **married**

6. (b) Name of husband or wife **Ruth Davis**  
6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Sept. 20, 1866**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>3</b>	<b>13</b>	hr. min.

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

10. Usual occupation **Farming**

11. Industry or business

12. Name **Reuben Davis**

13. Birthplace **Reuben, Indiana**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Wandsor**

15. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ruth A. Davis**

(b) Address **Purdy, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 5-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Reynolds, Mo.**

18. (a) Signature of funeral director **P. H. Blansky**  
(b) Address **Monett, Mo.**

19. (a) **Feb. 17-1943** (b) **Grace Williams**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **Barry** **5**  
(c) City or town **Purdy - (Rural)** **0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **L** (If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **L** **0**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Jan.** day **3**  
year **1943** hour **2** minute **10** P. M.

21. I hereby certify that I attended the deceased from **Dec 27<sup>th</sup>**  
**1942** to **Jan 3<sup>rd</sup>** **1943**  
that I last saw him alive on **Jan 1<sup>st</sup>** **1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**  
**(a problem)** **8 days**  
Due to **Arteriosclerosis**

Due to **820**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration  
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)  
(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

23. Signature **Benjamin** (M.D. or other)  
Address **Cassville, Mo.** Date signed **2-10-43**

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

FEB 19 1948

**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

*S. H. Blawie*

Licensed Embalmer No. *2397*

P. O. Address *Monett, 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.**