

**FILED APR 14 1943**

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 87

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

1. PLACE OF DEATH:

(a) County Madaway

(b) City or town Manville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Market Street 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway

(c) City or town Manville  
(If outside city or town limits, write "RURAL")

(d) Street No. 602 East 2nd  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME George Washington Davis

3. (b) If veteran, name war..... No.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17  
year 1943 hour 3 minute P. M.

4. Sex M 5. Color or Race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Anna Ella Wagner Davis

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Dec 11 1872  
(Month) (Day) (Year)

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 Occlusion Sudden

8. AGE: Years Months Days If less than one day

70 3 6 ..hr. ..min.

Due to Chronic Myocarditis & Coronary Sclerosis

9. Birthplace Chillicothe Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 93d

10. Usual occupation Laborer

11. Industry or business

12. Name James William Davis

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Ella Elender Nye

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

Major findings: Of operations.....

Of autopsy Coroner's Inquest

16. (a) Informant Dora Ella Davis

(b) Address 602 East 2nd

17. (a) Burial (b) Date thereof 3-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

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.....

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 951 South Main Manville Mo

19. (a) 3-24-43 (b) Mary Cole  
(Date received local registrar) (Registrar's signature)

23. Signature W.R. Fisher (M. D. or other).....

Address Manville Mo Date signed 3-19-43

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**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 *William Campbell*.....

Licensed Embalmer No. *2620*.....

P. O. Address *Wauzella, 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.**