

FILED JUN 17 1943

Registration District No. 374

Primary Registration District No. 6273 4547

Registrar's No.

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Grant city, Mo.
(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 Life (Specify whether years, months or days)

8. (a) PRINT FULL NAME LAWRENCE EDWARD DAVIS

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife: Viola Belle Davis 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased May 28 1869 (Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business

12. Name Ameyas Parker Davis
13. Birthplace Unknown Ohio (City, town, or county) (State or foreign country)
14. Maiden name Wishella De Harp
15. Birthplace Unknown Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Essie Gitchell
(b) Address Grant city, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Hick Cemetery

18. (a) Signature of funeral director Frank C. Dungee
(b) Address Grant city, Mo.

19. (a) May 25 1943 (b) Arline Scadden (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Worth
(c) City or town Grant city, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1943 hour 8:30 minute 8 M.

21. I hereby certify that I attended the deceased from Jan 1943 to May 18 1943
that I last saw him alive on May 16 and that death occurred on the date and hour stated above.

Immediate cause of death General paresis - 6 mo

Due to ✓

Due to ✓

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

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 5

23. Signature Frank C. Dungee (M. D. or other)
Address Grant city, Mo. Date signed 5-18-43

Duration
6 mo
Underlines the cause to which death should be charged statistically.

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

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 _____

Arch C. Danglee

Licensed Embalmer No. _____

3252

P. O. Address _____

Grant City, 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, above space should be left blank.