S. No. 2
M—2-43
5-17-39
I X35637

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29118

FILED SEP 9 1943

Registration District No. 92

Primary Registration District No. 4435

Registrar's No.

87
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Ralls.
(b) City or town Perry, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Perry, Missouri. /
(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)
In this community 16 Months.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls.
(c) City or town Perry, Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No. Perry, Missouri.
(If rural, give location)
(e) Citizen of foreign country? ~~XXXXX~~ No. (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Wm M. Davis.

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lula Davis.

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

7. Birth date of deceased Jan. 14, 1856 (Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 7 If less than one day hr. min.

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

10. Usual occupation Hotel Clerk.

11. Industry or business Hotel

MOTHER FATHER
12. Name Milton V. Davis.
13. Birthplace Mt Sterling (City, town, or county) Ky. / (State or foreign country)
14. Maiden name Jane Dunlap.
15. Birthplace Bath Co. (City, town, or county) Ky. / (State or foreign country)

16. (a) Informant M. V. Davis
(b) Address Perry, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 27, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Fulton, Missouri.

18. (a) Signature of funeral director Clyde Wilkey
(b) Address Perry, Missouri.

19. (a) Aug 30-43 (Date received local registrar) Mrs Earl Perkinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26th. year 1943 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from Aug 2 1943 to Aug 26 1943 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral [illegible] due to [illegible] and [illegible] Duration

Due to

Due to

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

Major findings:
Of operations

Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joe E. Brown (M. D.) ~~XXXX~~
Address Perry, Mo. Date signed

11.50

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-43-1456
Date Filed SEP 8 1943

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 Clyde W. Wisley

Licensed Embalmer No. 3820

P. O. Address Perry, 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.