

Registration District 4
OCT 7 1943 7

Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital #12
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yr - 1 mo - 12 ds
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mitchell ORVILLE DAVIS

3. (b) If veteran, name war DK

3. (c) Social Security No. DK

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

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

7. Birth date of deceased June 19 1891
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 18 If less than one day .hr. _____ min. _____

9. Birthplace Leadrick Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business common

12. Name abel Davis

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

14. Maiden name Josephine Ruggles

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

16. (a) Informant State Hosp. #1 Board

(b) Address Fulton, Mo

17. (a) Burial (b) Date thereof Sept 10 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Grounds

18. (a) Signature of funeral director E. P. Thomas

(b) Address 302 Market St Fulton Mo

19. (a) Sept 10 - 1943 (b) Jose Moravskoff
(Date received local registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

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

(d) Street No. 310 1/2 West 2nd St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1943 hour 4 minute 15 P M.

21. I hereby certify that I attended the deceased from July 25, 1942, to Sept 6, 1943; that I last saw him alive on Sept 6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death perforated duodenal ulcer
Generalized peritonitis

Duration 20 hrs.

Due to _____

Due to Syphilis-meningo-encephalitis

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations 30 p

Of autopsy as above

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 John J. Blaska (M.D. or other) _____
Address Fulton, Mo Date signed 9/10/43

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.....

P. O. Address.....

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.