

FILED NOV 10 1943

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 327

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
836 South Ellis St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. 836 South Ellis Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Augustus Davis

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18th year 1943 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, Divorced Widowed

6. (b) Name of husband or wife Belle Eulitt 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased August 13th 1875
(Month) (Day) (Year)

that I last saw h..... alive on..... Coroner Case....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death.....
Uremic Poisoning
Chronic Nephritis

Due to.....

Due to.....

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

68 1 5 hr. min.

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

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Anna Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business.....

MOTHER { 12. Name Don't Know

FATHER { 13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

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 3

23. Signature Dr. J. F. Sumner (M. D. or other) Coroner
Address Jackson, Mo Date signed 10/22/43

16. (a) Informant Emil Davis

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 10-19-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetary

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Missouri.

19. (a) 10-22-43 (b) W. H. Phelps
(Date received local registrar) (Registrar's signature)

1614

RECEIVED

District Health Officer No. 4
District File Number 1143-291
Date Filed 11-8-43

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 Howard B. Harman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Missouri

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.