

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1943

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

35510  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Pike Registration District No. 278  
 (b) Township Buffalo Primary Registration District No. 5957 Registered No. 811  
 (c) City near Zion Church (d) Street No. near Zion Church St. Mo.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIE F. DAVIS Jr  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State) Mo.  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Lillian Payne Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13 - 1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>27</u>	<u>5</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Trucking

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana Mo.

FATHER

13. NAME Willie F. Davis Sr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pathe La Mo.

MOTHER

15. MAIDEN NAME Russie Grinnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashley Mo.

17. INFORMANT (ADDRESS) Mrs Willie Davis Sr. Bowling Green Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion Cemetery DATE 10-10-1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Grace Bankhead Bowling Green Mo.

20. FILED 10-9-1943 J. H. Hays Jr Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1943

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Accident Carbon Monoxide Gas

Date of onset \_\_\_\_\_

Other contributory causes of importance: 178 B 14

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, accident, homicide, Carbon Monoxide of injury 10/6, 1943  
 Where did injury occur? in car  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
In car on country road

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. F. Smith Coroner  
 (Address) Louisiana, Mo.

RECEIVED

District Health Office No. 10

District File Number 1143-1783

Date Filed NOV 9 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 Grace Bankhead

Licensed Embalmer No. 2274

P. O. Address Bowling Green

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.