

FILED MAR 11 1944

Registration District No. **07**

Primary Registration District No. **5328**

Registrar's No. **376**

1. PLACE OF DEATH:

(a) County: Leasburg

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

(c) Name of hospital or institution: Liberty Inn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Leasburg

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

(d) Street No..... (If rural, give location)

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

If yes, name country..... 0

3. (a) PRINT FULL NAME: ARCHIE OLIVER DAVIS

(b) If veteran, name war:

(c) Social Security No: 504-05-4804

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 26th, year 1944 hour 1 minute 45 P.M.

4. Sex: Male 5. Color or race: White

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

6. (c) Age of husband or wife if alive: 10 years

7. Birth date of deceased: Sept - 10 - 1918
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-2, 1944 to 2-20, 1944 that I last saw him live on 2-20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Lipoid nephrosis

8. AGE:

Years	Months	Days	If less than one day
<u>25</u>	<u>5</u>	<u>16</u> hr. min.

Due to: Regeneration of kidney

Due to: Hypoprotein edema

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

9. Birthplace: Bushnell (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Fireman

Major findings: Of operations: 1318

Of autopsy:

MOTHER FATHER

11. Industry or business:

12. Name: George O. Davis

13. Birthplace: Spring Valley, Tenn. (City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth S. Davis

15. Birthplace: Centerton, S. Dak. (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: 2

23. Signature: G. B. Newman (M. D. or other) MD
Address: Leasburg, Mo. Date signed: 26-44

16. (a) Informant: G. O. Davis

(b) Address: Leasburg Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof:..... (Month) (Day) (Year)

(c) Place: burial or cremation: Bookings, S. Dak.

18. (a) Signature of funeral director: Albert Long

(b) Address: Leasburg Mo

19. (a) Feb. 27, 44 (Date received local registrar) (b) W. F. Truman, M.D. (Registrar's signature)

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

2800

RECEIVED

District Health Officer No. 6,

District File Number 344207

Date Filed 3-10-44

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 Elbert Long

Licensed Embalmer No. 3504

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, fact should be so stated above.