

FILED MAY 8 1944

State File No. \_\_\_\_\_

Registration District No. 196

Primary Registration District No. 4308

Registrar's No. 3

1. PLACE OF DEATH:  
(a) County McDonnell  
(b) City or town Noel  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 52 years (Specify whether \_\_\_\_\_)  
years, months or days)

3. (a) PRINT FULL NAME Clarence E Davis  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Meta Davis 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased Oct 5 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Gasport Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Own Farmer

12. Name Walter Davis  
13. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Cleanor Carr  
15. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Meta Davis  
(b) Address Noel Mo  
17. (a) Burial (b) Date thereof Apr 13-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Noel Mo

18. (a) Signature of funeral director C. E. Byatt  
(b) Address Bessette Ave  
19. (a) 4-13-44 (b) Mrs E. George  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County McDonnell  
(c) City or town Noel  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11  
year 1944 hour 4:30 minute 0 A. M.  
21. I hereby certify that I attended the deceased from 4-10 1944, to 4-11 1944  
that I last saw him alive on 4-10 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate Gland with metastases  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 R. E. Harnick (M. D. or other) MD  
Address Southwest City Mo Date signed 4-10-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2  
43  
39  
47823

RECEIVED

District Health Officer No. 6,

District File Number 544-551

Date Filed MAY 6 1944

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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..... *C.R. Bryant* .....

Licensed Embalmer No. 3211 .....

P. O. Address..... *Bryant Ave* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.