

FILED JUL 8 1944

State File No. _____

Registration District No. 59

Primary Registration District No. 3010

Registrar's No. 204

1. PLACE OF DEATH:

(a) County Cape Co.
 (b) City or town Cape Girardeau Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. C. Mo. Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks
 In this community Burke (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
 (c) City or town: Dexter
 (If outside city or town limits, write "RURAL")
 (d) Street No. R 2
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Daniel Laey Davis

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 10 1897
 (Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Laconade Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Daniel L. Davis
 13. Birthplace Kennett
 (City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Johnson
 15. Birthplace Ark
 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph N. Davis
 (b) Address Dexter Mo R 2

17. (a) Burial (b) Date thereof 6/18/44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sadler's Chapel

18. (a) Signature of funeral director Warkins Funeral Service
 (b) Address Dexter Mo.

19. (a) 6-26-44 (b) H. H. Phelps
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
 year 1944 hour 10 minute 30 AM.

21. I hereby certify that I attended the deceased from Oct 19 43
 _____, 19____, to June 16, 1944
 that I last saw him alive on 6-15, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chy. myo. carcinoma
arterio-sclerosis
Cancer of Prostate?
 Due to _____
 Due to _____

Other conditions severely Ray chasis
 (Include pregnancy within 3 months of death) 3 wks

Major findings: 516
 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 Paul D. Hunsberr (M. D. or other) MD
 Address 704 Broadway Date signed 6-29-44

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

MOTHER FATHER

0.6
RECEIVED

District Health Officer No. 4
District File Number 744-4055
Date Filed 7-7-44

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Hexter Mo

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.