

FILED AUG 10 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 177

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

1. PLACE OF DEATH:

(a) County Adair

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

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

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

In this community Life
years, months or days

3. (a) PRINT FULL NAME Carl A. Davis

3. (b) If veteran, name was World War No 1

3. (c) Social Security No. 490-10-7019

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

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

7. Birth date of deceased Nov. 3 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>7</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation Printer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Calvin

(b) Address Kirksville, Mo

17. (a) Burial (b) Date thereof 7/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ft. Madison Cemetery

18. (a) Signature of funeral director DEERLEY
(City, town, or county)

(b) Address Kirksville, Mo.

19. (a) 7/19, 1944 (b) Mrs. J. W. Wynn
(Date received registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. 410 S. Osteopathy
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
 year 1944 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from 6-2-44
1944 to 7-5-44, 1944
 that I last saw him alive on 7-5-44 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of Stomach

Due to _____

Due to _____

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

Major findings:
 Of operations _____

Of autopsy No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. P. Ellis (M. D. or other)
 Address Kirksville, Mo. Date signed 7-7-44

AUG 16 1944

RECEIVED

District Health Officer No. 10

District File Number 8-44-1383

Date Filed AUG 9 1944

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 *J. E. Riley*

Licensed Embalmer No. 4181

P. O. Address *Kesterville 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.