

FILED NOV 14 1944  
Registration District No. 208

Primary Registration District No. 5447

1. PLACE OF DEATH:

(a) County DeWitt  
(b) City or town Rural - Howard  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days one week

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Thomas W. Davis 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 11 1870  
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace DeWitt Co. Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation House

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles Owen  
13. Birthplace Sweetwater Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Eliza Patton  
15. Birthplace DeWitt Co. Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lloyd Sharp  
(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 10/16/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High ridge

18. (a) Signature of funeral director Albany  
(b) Address Albany Mo.

19. October 14-1944 (b) Stoner M. Meltz  
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Agair County  
(a) State Missouri (b) County DeWitt  
(c) City or town Kirksville  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. \_\_\_\_\_ (If rural, give location) 3  
(e) Citizen of foreign country? no (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Oct 13, 1944, to Oct 14<sup>th</sup>, 1944  
that I last saw her alive on Oct. 13, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cerebral Hemorrhage  
Duration 19 hours  
Due to \_\_\_\_\_  
Due to g3a

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W.S. Campbell (M. D. or other) Oct 14 1944  
Address Albany Mo. Date signed Oct 14 1944

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

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany Me

**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.**