

FILED DEC 8/1944

Primary Registration District No. **30234218**

1. PLACE OF DEATH:

(a) County **Henry**  
(b) City or town **Windsor**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**705 S. Main**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **42 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**  
(c) City or town **Windsor**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **705 S. Main**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Walter G. 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 **1 M**

6. (b) Name of husband or wife **Effie Burcham** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **December 30, 1878**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **9** Days **9** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Clinton, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Attorney at Law**

11. Industry or business " " " "

12. Name **Wm. H. Davis**

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

14. Maiden name **Alice Carlton**

15. Birthplace **Pettis County, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. W.G. Davis**

(b) Address **Windsor, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 11, '44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Huston-Turner**

(b) Address **Windsor, Mo.**

19. (a) **November 21, 1944** **Georgia Kitchem**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **9**  
year **1944** hour **10:20** minute **P.M.**

21. I hereby certify that I attended the deceased from **June 4, 1944** to **Oct. 9, 1944**  
that I last saw him alive on **Oct. 9, 1944**  
and that death occurred on the date and hour stated above

Immediate cause of death **Cancer of pleura and lung** Duration **1 yr**

Due to \_\_\_\_\_

Due to **H7D**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Cancer of pleura and lung**  
Of autopsy **none**

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 **J.A. Bleckman** (M. D. or other) \_\_\_\_\_

Address **Windsor, Mo.** Date signed **11-18-44**

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

MOTHER FATHER

1067

DEC 13 1944

RECORDED  
NO. 74  
11-44-1369  
Date filed 12-7-44

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.....

*C. W. M. Hurston*

Licensed Embalmer No. 3391

P.O. Address *Windsor, 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.