

FILED FEB 16 1945

State File No. _____

Registration District No. 101

Primary Registration District No. 5414

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Rural Washington TWP
(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)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Ava Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter Davis

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Alice Davis 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased November 9, 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	2	7	hr. _____ min. _____

9. Birthplace Near Ava, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name J. R. Davis

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

14. Maiden name Jennie Sissney

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

16. (a) Informant Walter Davis

(b) Address R. 3, Ava, Mo

17. (a) Burial (b) Date thereof 1-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodhope

18. (a) Signature of funeral director Clinkingbeard Funeral H

(b) Address Ava, Missouri

19. (a) 1-31-1945 (b) Lula Spurlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1945 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Jan 16 1945 to Jan 16 1945;
that I last saw him alive on 1-16 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Toxemia
Due to Carcinoma of prostate 2 yrs
Due to _____

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

Major findings: Of operations 5/18

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 M. C. Bentley (M. D. or other)

Address Ava, Mo Date signed 1-23-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3400

1150

RECEIVED

District Health Officer No. 6;

District File Number 245-217

Date Filed FEB 14 1945

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 W. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Oran Md

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.