

FILED APR 12 1945
Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 370 W Main
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME WEBB DAVIS

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

4. Sex M 9 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May 6 1895
(Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 3 If less than one day _____ hr _____ min.

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

10. Usual occupation Porter

11. Industry or business Barbershop

12. Name Lewis Davis

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

14. Maiden name Mary Ray

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

16. (a) Informant Carl Davis

(b) Address Marshall Mo

17. (a) Burial (b) Date thereof Mar 11 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall Mo

18. (a) Signature of funeral director F. W. Ferguson

(b) Address Sedalia Mo

19. (a) 3-9-45 (b) Mo T. Caldwell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8 year 45 hour 1 minute _____ M.

21. I hereby certify that I attended the deceased from Feb 8 1945 to Mar 8 1945 that I last saw him alive on Feb 8 1945 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Myocardial Infarction 3470

Due to Arteriosclerosis 2 1/2

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

Major findings: 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 W. H. ... (M. D. or other) _____

Address Marshall Mo Date signed 3/18/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

PROVISIONAL
ELEMENTARY
INFORMATION
REQUESTED

MOTHER FATHER

WRITE PLAINLY - USE UNFADING INK

RECEIVED

District

Date Filed

Case No. 8

6/10/45

MAY 8 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

F. D. Ferguson

Licensed Embalmer No. *2172*

P. O. Address *Sedalia*

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.

APR 12

Registration District No. 324 Primary Registration District No. _____ State File No. _____ Registrar's No. _____

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(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

3. (a) PRINT FULL NAME Wesley Davis
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 6 1945
(Month) (Day) (Year)
8. AGE: Years 50 Months 10 Days 3 (less than one day) _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

20. DATE OF DEATH: Month March 1945 hour _____ minute _____
21. I hereby certify that I attended the deceased from _____ 1945
that I last saw him alive on _____ 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to _____
Due to Clashed with wrecked bus in Wightman, Kans.
Other conditions: head had been injured
(If more than one, list 2 or 3 deaths of _____)

Major findings: Of operations _____
Of autopsy 1700 g of
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED Dec 13-44

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? Wightman, Kans (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) (c) Means of injury _____
23. Signature Wesley Davis (M. D. or other) Physician
Address _____ Date signed _____

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

SUPPLEMENTARY

There is no other person except the deceased who was present at the time of death. The death was caused by a bus accident in Wightman, Kansas. The head had been injured.

JUL 18 1973

10731