

FILED MAY 1945
Registration District No. **15725**

Primary Registration District No. **4293**

Registrar's No. **15**

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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Boonville

(b) City or town Boonville
(If outside city or town limits, file "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 Mo (b) County Linn

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mathew Ronnie Davis

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

4. Sex M. 9. Color or race Colored 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased march 20 1945
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>10</u>	<u>12</u> hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER

12. Name Hedley Davis

13. Birthplace Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Estah Davis

15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Estah Davis

(b) Address Boonville

17. (a) Burial (b) Date thereof 3-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bergers Cemetery

18. (a) Signature of funeral director W. H. Hedley

(b) Address Boonville

19. (a) April 1945 (b) G. D. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1945 hour 6 (approx.) minute — A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Unintentional Suffocation (Coroner's verdict.)

Due to _____

Due to _____

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.

1821
19

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 V. E. Althoff (M. D. or other) DO
Address Boonville, Linn County Date signed 3/30/45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed: 5-7-43

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. H. Bradley
Licensed Embalmer No. 3966
P. O. Address Edsberry

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.