

No. 2
5-43
5-17-39
I X36671

State File No. _____

FILED APR 19 1945

Registration District No. _____

Primary Registration District No. 5829

Registrar's No. 15

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural R#1 Portageville Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Portageville
(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 GAYLE WINDELL DAVIS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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 March 8 1945
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>6</u>	_____ hr. _____ min.

9. Birthplace New Madrid Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business _____

12. Name Jessie Raymond Davis

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

14. Maiden name Ida Orae Perry

15. Birthplace Lay County Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Jason Davis

(b) Address R#1 Portageville

17. (a) Burial (b) Date thereof 3-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Mo

18. (a) Signature of funeral director DeLisle Funeral Barton

(b) Address Portageville Mo

19. (a) 3-12-45 (b) Ellen DeLisle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Rural R#1 72
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH 12 day Mar
year 1945 hour 4 minute _____ M.

21. I hereby certify that I attended the deceased from Only Mar II, 1945, to _____, 19____; that I last saw him alive on March II, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia

Due to	Duration
_____	_____
_____	_____
_____	_____
_____	_____

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

Major findings: _____

Of operations _____

Of autopsy 107

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 A A Reuler (M. D. or other) _____

Address Portageville Mo Date signed _____

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 443-624

Date Filed APR 16 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

L. Embalming

Licensed Embalmer No.....

P. O. Address.....

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.