

**FILED DEC 12 1945**

Registration District No. 17

Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Callaway Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Da.  
(Specify whether years, months or days)

In this community Life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. Fulton R.F.D. #4  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HERSCHEL FRANKLIN 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 Married

6. (b) Name of husband or wife Claudia Mae Davis

6. (c) Age of husband or wife if alive DK. years

7. Birth date of deceased Nov 10 1898  
(Month) (Day) (Year)

8. AGE:

| Years     | Months   | Days      | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>67</u> | <u>0</u> | <u>10</u> | hr. _____ min. _____ |

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Farmer

12. Name Joshua J. Davis

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

14. Maiden name Laura E. Blount

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

16. (a) Informant Carl E. Davis

(b) Address Fulton, Mo

17. (a) Burial (b) Date thereof Dec 2, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill-Crest Fulton, Mo

18. (a) Signature of funeral director Wm. Y. Manpin

(b) Address 712 Court St. Fulton, Mo.

19. (a) 12-5-1945 (b) Joseph M. Manschaff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30th year 1945 hour 5 minute 24 A.M.

21. I hereby certify that I attended the deceased from Nov. 24, 1945, to Nov. 30, 1945; that I last saw him alive on Nov. 30, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction, chronic

Due to Atherosclerosis

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations g20

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 0

Signature George J. Wood (M. D. or other) MD

Address 712 Court St. Fulton Mo Date signed 12/2/45

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-11-45

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**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..... *Glen G. Mappin*.....

Licensed Embalmer No. 2725.....

P. O. Address Fulton, 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.**