

FILED DEC 13 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 181

Primary Registration District No. 4293

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Elberny
(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 Mo (b) County Lincoln⁵⁷

(c) City or town Elberny
(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 _____

3. (a) PRINT FULL NAME Tom Davis

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25th
year 1945 hour 9:30 minute _____ P. M. _____

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

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

7. Birth date of deceased April 30 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to Nov 25, 1945;
that I last saw him alive on Nov 25, 1945;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>7</u>	<u>5</u>	_____ hr. _____ min.

Immediate cause of death Gangrene of Base of

Due to Fecal impaction

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

Due to _____

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

10. Usual occupation _____

Major findings: Of operations _____

Of autopsy _____

11. Industry or business Retired Farmer

12. Name Kissinger Davis

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

14. Maiden name Farris Fenn

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

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? _____

16. (a) Informant Bernice Davis

(b) Address Elberny

17. (a) Burial (b) Date thereof Nov 27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Star Hope Cemetery

18. (a) Signature of funeral director W. B. Bradley

(b) Address Elberny

19. (a) Nov 30 45 (b) Mrs. A. Daper
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) _____ (c) Means of injury _____

23. Signature Dr. Robert L. Wilton & Co. (M. D. or other) _____

Address Elberny Mo Date signed 11/25/45

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

MOTHER FATHER

1461

(Licensed Embalmer's Statement on Reverse Side)

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 O Bradley
Licensed Embalmer No. 3966
P. O. Address: E. St. Louis

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.