

No. 2  
-5-43  
-17-39  
X386671

**FILED** APR 12 1946

Registration District No. 50

Primary Registration District No. 4071

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Camden  
(b) City or town Camdenton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home - Ken Del  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 1 In hospital or institution (Specify whether)  
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden  
(c) City or town Camdenton  
(If outside city or town limits, write "RURAL")  
(d) Street No. Ken Del  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John William Davis

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

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

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

7. Birth date of deceased Feb 20 1864  
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation farm

11. Industry or business Blockemithing

12. Name Sam J. Davis

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

14. Maiden name Esther Johnson

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

16. (a) Informant Sam Davis

(b) Address Camdenton, Mo

17. (a) Burial (b) Date thereof Feb 17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Ann Creek Cem, Bankson-Wooler

18. (a) Signature of funeral director Camdenton, Mo

(b) Address \_\_\_\_\_

19. (a) Mar. 6, 1946 (b) Zilpha J. Draw  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1946 hour 3 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Feb 15 1946 to Feb 15 1946 that I last saw him alive on Feb 15 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorage Duration 46

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

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

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 E. S. Olesik (Date) Feb 15 1946  
Address Camdenton, Mo Date signed Feb 15 1946

RECEIVED

Date

No. 7,

Discharge No. 3-46-298

Date Filed

4-5-46

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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 Abbie Banksen Woolery

Licensed Embalmer No. 2488

P. O. Address Camden N

**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.**