

No. 2  
-8-43  
5-17-39  
I X37823

FILED MAR 27 1946  
Registration District No. 52

Primary Registration District No. 3-009

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

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Jackson mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution East 1st South St, 1  
(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 Missouri (b) County Cape Girardeau  
(c) City or town Jackson  
(If outside city or town limits, write "RURAL")  
(d) Street No. East 1st South St, 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Claud Davis

3. (b) If veteran, name war World #1 3. (c) Social Security No. 49920-8005

MEDICAL CERTIFICATION  
DATE OF DEATH: Month 10 day Mar  
year 1946 hour 9 minute A M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Ruby Francis Davis 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased Nov 17 1894  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1944 to Mar 10 1946  
that I last saw him alive on Mar 9 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 10yr.

8. AGE: Years 57 Months 3 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Shilo Ark  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name J. Davis  
13. Birthplace not known  
(City, town, or county) (State or foreign country)  
14. Maiden name not known  
15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mo William C Davis  
(b) Address Jackson mo

17. (a) Burial (b) Date thereof 3/11/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights  
18. (a) Signature of funeral director M. C. Combo  
(b) Address Jackson mo

19. (a) 3-12-46 (b) D. G. Suber  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 13K  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature T. E. Ruff (M. D. or other) MD  
Address Jackson mo Date signed 3-11-46

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RECEIVED  
Health Officer No. 4  
File Number 346-1881  
Date Filed 3-23-46

MAR 29 1946

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 *B A Meyer*  
Licensed Embalmer No. *3051*  
P. O. Address *Jackson 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.