No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

31134

State File No.

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 129

**1. PLACE OF DEATH:**

(a) County Phelps

(b) City or town Rolla, 103 Elm St., (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 3 months. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Phelps 81

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

(d) Street No. 101 East 1st St., 2 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Gilbert Webster Davis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Colored

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 31, 1893 (Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Oswego, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Shine parlor

11. Industry or business

FATHER
12. Name Wesley Davis
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Blaine Walker
(b) Address 103 Elm St., Rolla Mo.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Null & Son Funeral Home
(b) Address 508 West 8th St., Rolla Mo.,

19. (a) Sept. 17, 1946 (Date received local registrar) (b) Mrs. Juanita Harvey (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 15 year 1946 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him dead alive on September 15 , 1946 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolus

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 94A

Duration

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)

While at work? (e) Means of injury 2

23. Signature S. L. Null Coroner (M. D. or other)

Address Rolla Mo Date signed 9-17-46

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(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 Forrest B. Abernathey, Registered Apprentice No. 419, working under my personal supervision.

Signed S. C. Nuell

Licensed Embalmer No. 3397

P. O. Address Rolla 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.**