

FILED NOV 6 1946

Registration District No. 67

Primary Registration District No. 5265

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Christian
 (b) City or town Sparta Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 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)

3. (a) PRINT FULL NAME EARL Dean Davis3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Male 5. Color or race white 6. (a) Single, widowed, married,
divorced 06. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased July 26 1946
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
1 17 _____ hr. _____ min.9. Birthplace Sparta Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Juan R Davis 013. Birthplace Mo 0
(City, town, or county) (State or foreign country)14. Maiden name Sarah Marie Nelson15. Birthplace Mo 0
(City, town, or county) (State or foreign country)16. (a) Informant Juan R Davis(b) Address Sparta17. (a) Burial (b) Date thereof Sept 14 1946
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fairview Cemetery18. (a) Signature of funeral director J. B. Chaffin(b) Address Sparks Mo19. (a) Nov 1-46 (b) Lilla Barr
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian
 (c) City or town Sparta Mo Rural
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13th
year 1946 hour 10 minute A M.21. I hereby certify that I attended the deceased from
Sept 13, 1946 to Sept 18, 1946
that I last saw him alive on Sept 13, 1946
and that death occurred on the date and hour stated above.Immediate cause of death Septicemia acute Duration
1 wkDue to Bacterial intestinal
infectionDue to Bacterial Superinfection
of milkOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 119A

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(c) 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 R. R. Faithing (M. D. or other) 0Address Sparks Mo Date signed 9-30-46

RECEIVED

District Health Officer No. 6,

District File Number 1146-1116

Date Filed NOV 6 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 D. B. Chaffin

Licensed Embalmer No.....

P. O. Address Spark 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.