

Registration District No. 32

Primary Registration District No. 5114

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Bellinger
(b) City or town rural Wayne
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 17 years
years, months or days

3. (a) PRINT FULL NAME

WILLIAM DAVIS

3. (b) If veteran,

name war none

3. (c) Social Security

No. 489-26-3738

4. Sex

Male

5. Color or

race white

6. (a) Single, widowed, married,

divorced married

6. (b) Name of husband or wife

Chas Davis

6. (c) Age of husband or wife if

alive 59 years

7. Birth date of deceased

Sept. 11, 1879
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

67 5 27 hr. min.

9. Birthplace

Fredericktown, Missouri
(City, town, or country) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

George Davis

12. Name

Not known 9

13. Birthplace

Not known 9

14. Maiden name

Samantha M. Williams

15. Birthplace

Not known 9

16. (a) Informant

Besse Davis

(b) Address

Sturdivant, Mo.

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof March 9, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation

Morgan Memorial Park

18. (a) Signature of funeral director

Leah S. Morgan

(b) Address

Advance, Missouri

19. (a)

March 15, 1947
(Date received local registry)

(b) Willie Van Antwerp
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bellinger
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Sturdivant
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 8
year 1947 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from 1940 to mar 8, 1947.
that I last saw him alive on mar 7, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death

Influenza

Due to

Chronic Asthma

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

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?

While at work? _____

(Specify type of place)

(e) Means of injury 2

23. Signature

E. C. Masters

(M. D. or other) MD

Address

Advance, Mo.

Date signed 3-8-47

RECEIVED

District Health Officer No. 4

District File Number 347-389

Date Filed 3-24-47

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.....

Ira E. Meadows....., Registered Apprentice No. 427
working under my personal supervision.

Signed.....

Lloyd S. Morgan
Licensed Embalmer No. 3360

P. O. Address Advance, 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.