

FILED JUN 14 1947

Registration District No. 45

Primary Registration District No. 4113

1. PLACE OF DEATH:

(a) County Chilton
(b) City or town Brunswick Mo
(c) Name of hospital or institution:

(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 William Walter Davis

3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-20-0462

4. Sex Male 5. Color or race Negro 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 October 3 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 7 11 hr. min.

9. Birthplace Rockford Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business _____

MOTHER FATHER
12. Name Porter Webster Davis
13. Birthplace Rockford Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Gladys Stella Fyristoe
15. Birthplace Dalton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gladys Davis
(b) Address Brunswick Mo

17. (a) Burial (b) Date thereof 5/17/47
(Burial, cremation, or removed) (Month) (Day) (Year)
(c) Place: burial or cremation Dalton Cemetery

18. (a) Signature of funeral director John H. Meyer
(b) Address Brunswick Mo

19. (a) 5-17-47 (b) Mildred Borne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chilton
(c) City or town Brunswick
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1947 hour 7 minute 40 p.m.

21. I hereby certify that I attended the deceased from May 10 1947
May 10 1947 May 14 1947
that I last saw her alive on _____ 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of the Intestine

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 15
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J L Fitter Dd (M. D. or other) _____
Address Brunswick Mo Date signed May 17 1947

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-13-47

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, ~~on~~ by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3970

P. O. Address Wendon 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.