V. S. No. 2
00M—5-43
ev. 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 AUG 20 1947

Registration District No. 198

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28320

State File No.

Primary Registration District No. 4311

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Callao
(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 — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County 999

(c) City or town Little Rock 3
(If outside city or town limits, write "RURAL")

(d) Street No. — 17
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Ward B. Davis

3. (b) If veteran, name war

3. (c) Social Security No. 432-14-7969

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband or~~ wife Lillian E Davis

6. (c) Age of ~~husband~~ or wife if alive 59 years

7. Birth date of deceased July (Month) 27 (Day) 1885 (Year)

8. AGE: Years 62 Months 0 Days 15 If less than one day hr. min.

9. Birthplace Bruno (City, town, or county) arkansas (State or foreign country)

10. Usual occupation Real Estate Salesman

11. Industry or business Real Estate

FATHER
12. Name J. T. Davis
13. Birthplace arkansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen Stanley
15. Birthplace arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Mrs E. F. May
(b) Address Callao Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Little Rock Ark

18. (a) Signature of funeral director H. G. Edwards
(b) Address Bevier Mo

19. (a) Aug. 18 (Date received local registrar) (b) Josephine King (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 12
year 1947 hour 9 minute A M.

21. I hereby certify that I attended the deceased from 9 Aug 1947 to 12 Aug 1947
that I last saw him alive on 12 Aug 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Occlusion	30 min
Due to: Arteriosclerosis	[illegible]
Due to: —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

94A

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 —

23. Signature [illegible] (M. D. or other) M.D.
Address Macon Mo. Date signed 8/12/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
File Number 8-47-107
Date Filed AUG 19 1947

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. ....., under my personal supervision.

Signed H. J. Gillela[illegible]

Licensed Embalmer No. 4019

P. O. Address New Cambria 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.