

No. 2
12-45
-17-39
X47070

FILED SEP 3 1947
Registration District No. 277

Primary Registration District No. 433

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Unionville Union
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Monroe Hospital and Clinic
(If not in hospital or institution, write street number and locality)
one day

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community one day
(years, months or days)

3. (a) PRINT FULL NAME Glenn Marvin Davis

3. (b) If veteran, name war ##

3. (c) Social Security No. ##

4. Sex M O

5. Color or race W ##

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 8 18 1947
(Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
		<u>1</u>		

9. Birthplace Unionville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation ##

11. Industry or business _____

12. Name Howard Davis

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Penny
(City, town, or county) (State or foreign country)

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Davis
(b) Address Ballack, Mo

17. (a) Burial (b) Date thereof 8-19-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Husted & Son
(b) Address Unionville Mo.

19. (a) 8-21-47 (b) Marvell D. Durbin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86

(c) City or town Unionville
(If outside city or town limits, write "RURAL.") 1

(d) Street No. _____
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 19 1947
year _____ hour 3 minute A M.

21. I hereby certify that I attended the deceased from aug 18 1947, to aug 19 1947
and that death occurred on aug 19 1947
that I last saw him alive on _____ and hour stated above.

Immediate cause of death: Hemorrhage by
perforated blood
don't know.

Due to _____

Due to _____

Duration

1 hour

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 _____

23. Signature Chas L. Gidd (M. D. or other) D.O.
Address Unionville Mo Date signed 8-19-47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9-47-114
District File No. SEP - 2 1947
Date Paid

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..... *Maurice E. Husted*
..... Licensed Embalmer No. *3384*
..... P. O. Address..... *Monroville, Pa.*

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.