4—1/47
5-17-39

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

National Office of Vital Statistics

FILED SEP 24 1947

STANDARD CERTIFICATE OF DEATH

State File No. 31887

Registration District No. 226

Primary Registration District No. 4338

Registrar's No. 36

1. PLACE OF DEATH:
(a) County: Monroe
(b) City or town: Monroe City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 419 West Winter St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 10 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Monroe 69
(c) City or town: Monroe City (If outside city or town limits, write "RURAL")
(d) Street No.: 419 West Winter St (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: WILLIAM JOSEPH DAVIS

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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: July (Month) 1 (Day) 1937 (Year)

8. AGE: Years 10 | Months 2 | Days 14 | If less than one day: hr. min.

9. Birthplace: St Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

MOTHER FATHER

12. Name: Charles Hubert Davis

13. Birthplace: Monroe City (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Alma Young

15. Birthplace: Monroe City (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Charles H. Davis
(b) Address: Monroe City Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation: St Judes Monroe City

18. (c) Signature of funeral director: Wilson & Son's
(b) Address: Monroe City Mo

19. (a) Sept 19, 1947 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15 year 1947 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 18, 1947 to Sept 15, 1947 that I last saw him alive on Sept 13, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Malnutrition	1 yr.
Due to: Spastic Diplegia	10 yrs
Due to: Birth Injury	15 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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)
Address: Monroe City Mo Date signed: 9/18/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-47-1298
SEP 23 1947
Date Filed

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

Signed Leslie L. Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.