

FILED JAN 14 1948

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 77

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Sweden, Rural Walls
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stays In hospital or institution _____ (Specify whether)
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Fred Davis
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Davis
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 13, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 5 hr. _____ min.

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

10. Usual occupation Farming and Stock raising

11. Industry or business _____

12. Name J. H. Davis,
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Francis Smith
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil Davis
(b) Address Sweden, Missouri

17. (a) Burial (b) Date thereof 11-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava

18. (c) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) Dec 24-47 (b) Ustetl Buehman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas
(c) City or town Sweden Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1947 hour _____ minute _____ A. M.

21. I hereby certify that I attended the deceased from October 1st to Nov 14 1947
that I last saw him alive on Nov 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death cancer of breast

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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. K. Smith (M. D. or other) 12-15-47

Address OUR MO Date signed 12-15-47

RECEIVED
District Health Officer No. 8
District No. 148-40
Date Filed JAN 12 1948

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 W.B. Hutchinson
Licensed Embalmer No. 3431
P. O. Address Cora 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.