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

FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics
FILED JUN 21 1948
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

21955

State File No. _____

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Jerman

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

(c) Name of hospital or institution: South Adams Street
(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 Missouri (b) County Jerman ¹⁰⁸

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

(d) Street No. South Adams ²
(If rural, give location) ⁰

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

If yes, name country _____

3. (a) PRINT FULL NAME William Charles Davis

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1948 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1948, to 26 May 1948, that I last saw her alive on 26 May 1948 and that death occurred on the date and hour stated above.

4. Sex ♀ 5. Color or race A

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

6. (b) Name of husband or wife Raphia

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 21 1875
(Month) (Day) (Year)

Immediate cause of death Uremia

Due to Chronic hepatitis

Due to Hypertrophy of prostate

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

Major findings: Of operations

Of autopsy 131B

Duration 2 days

8. AGE: Years 72 Months 10 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business Unknown

12. Name _____

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

14. Maiden name _____

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

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? _____ (a) Means of injury _____

16. (a) Informant Raphia Davis

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof May 28 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moore Cemetery

18. (a) Signature of funeral director Fern Funeral Home

(b) Address Nevada, Missouri

19. (a) 6-9-48 (b) Pathyn Young
(Date received local registrar) (Registrar's signature)

23. Signature Clay W. Lane (M. D. or other) MD

Address Nevada, Mo. Date signed June 10 1948

RECEIVED

District Health Officer No. 7,

District File Number 5-48-655

Date Filed 6-18-48

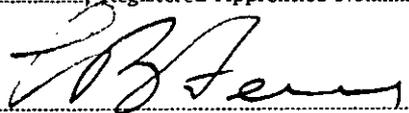
JUN 21 1948

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..... 

Licensed Embalmer No. 1760

P. O. Address..... Merced, 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.