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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JAN 16 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 896  
Registrar's No. 31

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
445 South Main  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 3 Months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 445 South Main  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME William Allen Davis

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Josephine Davis  
6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased October 12 1869  
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 1 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name George William Davis

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

14. Maiden name Nancy Ann Simpson

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

16. (a) Informant Mrs. E. R. Woodard

(b) Address 445 S Main, Springfield, Mo.

17. (a) Burial (b) Date thereof 1-16-49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wair Chapel Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 1-13-49 (b) W. Z. Hurdley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13  
year 1949 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 3 48 to 1-11, 1949  
that I last saw him alive on 1-11, 1949  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas  
He also had carcinoma of prostatic gland.  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Senility, jaundice  
(include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 177

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 U

23. Signature W. H. Hurdley (M. D. or other) MD  
Address Springfield Mo Date signed 1-12-49

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

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**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 Jarrod E. Mundy  
Licensed Embalmer No. 2831  
P. O. Address Springfield 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.**