

FILED DEC 27 1945
Registration District No. 27

Primary Registration District No. 3023

Registrar's No. 283

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution:
607 North Main St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Entire life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 607 North Main St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nevada B Davis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 16 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Keeper

11. Industry or business _____

12. Name Ben J. Dunning

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

14. Maiden name Maest Knau

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

16. (a) Informant Mrs Forest Query

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 11-29-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Colored Cemetery

18. (a) Signature of funeral director James S. Cox

(b) Address Clinton Mo.

19. (a) 11-28-1945 (b) R. R. Kennedy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26th day November
year 1945 hour 8 minute AM

21. I hereby certify that I attended the deceased from October 31, 1945
19____ to November 21, 1945

that I last saw him alive on Nov 21, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis with chronic valvular heart disease
Duration 10 years

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy 930

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 2 2 0

23. Signature Edward Barnett (M. D. or other) 2 2 0

Address 129 S. Washington Date signed 11/29/45

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

42
1
2

RECEIVED

DEPARTMENT OF HEALTH

OFFICE OF THE REGISTRAR

11-457165

Date Filed 12-6-45

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, ~~_____~~

Registered Apprentice No. _____

working under my personal supervision.

Signed

H. J. Tourant

Licensed Embalmer No.

3779

P. O. Address

Clinton

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.