

FILED JUL 13 1945 STANDARD CERTIFICATE OF DEATH

20329

State File No.

Registrar's No.

Registration District No. 128

Primary Registration District No. 2000

519

1. PLACE OF DEATH: GREENE
 (a) County
 (b) City or town: Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. John's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 10 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Texas
 (c) City or town: Cabool
 (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.

3. (a) PRINT FULL NAME: Charles Edgar Davis
 3. (b) If veteran, name war: Unknown
 3. (c) Social Security No.: Unknown

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month: June day: 27, year: 1945 hour: 12:45 minute: A. M.

4. Sex: Male / 5. Color or race: White
 6. (a) Single, widowed, married, divorced: Married
 6. (b) Name of husband or wife: Mable Iona Davis
 6. (c) Age of husband or wife if alive: Unknown years
 7. Birth date of deceased: October 23, 1872
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 17, 1945 to June 24, 1945 that I last saw him alive on June 24, 1945 and that death occurred on the date and hour stated above.

8. AGE: Years: 72 Months: 8 Days: 4
 If less than one day: hr. min.

Immediate cause of death: Cerebral thrombosis
 Duration: 4 days

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

Due to:
 Due to:

10. Usual occupation: Lumber Dealer

Other conditions: (Include pregnancy within 3 months of death)
 Major findings: Of operations: none
 Of autopsy: none

11. Industry or business: Lumber

MOTHER FATHER
 12. Name: Jack Davis
 13. Birthplace: Unknown Tennessee
 (City, town, or county) (State or foreign country)
 14. Maiden name: Margaret Ann Taylor
 15. Birthplace: Texas County, Missouri
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs. Mable I. Davis
 (b) Address: Cabool, Missouri

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.....

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

(c) Place: burial or cremation: Cabool, Missouri

18. (a) Signature of funeral director: Elliott Funeral Home
 (b) Address: Cabool, Missouri

19. (a) 6-29-45 (b) J. W. Handley
 (Date received local registrar) (Registrar's signature)

23. Signature: J. W. Handley (M. D. or other)
 Address: Springfield, Mo. Date signed: 6/28/45

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

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 C. A. Roof
Licensed Embalmer No. 3044
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.