

WALIE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 140

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles MO

(c) Name of hospital or institution: St. Joseph 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution All life (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Wm Franklin Davis

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male

5. Color or race W/ht

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

6. (b) Name of husband or wife Binder

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

7. Birth date of deceased June 27 1864  
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lincoln Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant & Farmer

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

MOTHER FATHER

12. Name Ephraim Cannon

13. Birthplace Lincoln Co MO  
(City, town, or county) (State or foreign country)

14. Maiden name Fancy Edsberry

15. Birthplace Lincoln Co MO  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm Parsadley

(b) Address Edsberry MO

17. (a) New Hope (b) Date thereof Sept 20 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Wm Parsadley

(b) Address Edsberry MO

19. (a) SEPT 20 1939 (b) Blowen S. Mesler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lincoln

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18  
year 1939 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept 16, 1939 to Sept 18, 1939  
that I last saw him alive on Sept 17, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Cancer of prostate 3 yrs

Due to Uremia of 51 2 days

Due to Hemorrhage of prostate 3 days

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: diffuse cancer of prostate involving bladder.

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature B. H. Neuberger (M. D. or other) Int  
Address St. Charles, Mo Date signed 9/20/39

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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.....

*W H B Bradley*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*W H B Bradley*

Licensed Embalmer No. *3966*

P. O. Address.....

*Elstony 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, above space should be left blank.**