

JUN 22 1940

STANDARD CERTIFICATE OF DEATH

17740

State File No.

Registration District No. 4

Primary Registration District No. 3001

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville
 (c) Name of hospital or institution Stickler Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 In this community 34 years
 (Specify whether years, months or days)

8. (a) PRINT FULL NAME George William Davis

8. (b) If veteran, name war no. 8. (c) Social Security No. no.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Ell's Davis 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased (Month) 11 (Day) 24 (Year) 1886

8. AGE: Years 53 Months 6 Days 16 If less than one day hr. 0 min. 0

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

10. Usual occupation Retired City Fireman

11. Industry or business

12. Name John C. Davis

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

14. Maiden name Prudence Bailey

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

16. (a) Informant Mrs. George Davis

(b) Address 710 E. Jefferson St.

17. (a) Burial (b) Date thereof 6-12-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Novinger Cemetery

18. (a) Signature of funeral director Dec. P. R.

(b) Address Kirksville, Mo.

19. (a) June 12/40 (b) Spencer L. Freeman (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Kirksville, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 710 E. Jefferson St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1940 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 1940 to June 10, 1940

that I last saw him alive on July 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis acute

Due to perforated ulcer

Due to intestinal obstruction

Other conditions 1174 (include pregnancy within 3 months of death)

Major findings: Perforated ulcer stomach
intestinal obstruction

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence L

(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? ✓

3 While at work? (Specify type of place) _____

(e) Means of injury _____

23. Signature RO Stickler (M. D. or other) 1

Address Kirksville Mo Date signed 6-10-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 6-40-1295

Date Filed JUN 13 1940

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.....

Mrs. Laura Riley

....., Registered Apprentice No.

working under my personal supervision.

Signed Laura Riley

Licensed Embalmer No. 3907

P. O. Address Kirkville, 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.