

Registration District No. **566**

Primary Registration District No. **5762**

Registrar's No. **117**

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Rural-Ohio Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 Mi. S. East of Wyatt, Mo. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community All of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jurel Davis **120**

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased May 27 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 22 hr. min.

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

10. Usual occupation Infant

11. Industry or business Infant

12. Name John R. Davis

13. Birthplace Johnson County Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Lou Era Bailey

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

16. (a) Informant John A. Davis

(b) Address Wyatt, Missouri

17. (a) Burial (b) Date thereof 8-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston, Mo.

18. (a) Signature of funeral director Lair-Nunnelee Service

(b) Address Charleston, Mo.

19. (a) 8-20-40 (b) J. A. Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miss.
(c) City or town Rural-Ohio Township
(If outside city or town limits, write "RURAL")
4 mi. S. East of Wyatt
(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 Aug. day 19
year 1940 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 14 40 to Aug 17 40
that I last saw him alive on Aug 17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Malnutrition

Due to Prematurity &

Due to improper diet

Other conditions _____
(Include pregnancy within 3 months of death) **154**

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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? **745**

While at work _____ (Specify part of place) (e) Means of injury _____

23. Signature L. Chas. Downing (M. D. or other) _____

Address Charleston Mo Date signed 8/19/40

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

FILED SEP 24 1940

RECEIVED

District Health Officer No. 2

District File Number 940-130

Date Filed 9/3/40

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.