

Registration District No. 908

Primary Registration District No. 4549

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town mtn Group  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Ryan Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks 2 days  
(Specify whether  
In this community 3 weeks 2 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Texas  
(c) City or town Houston  
(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 George W Davis

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex MC 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Lena 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 22 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ripley Co Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

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

12. Name James Davis

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

14. Maiden name Elizabeth Ludwick

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

16. (a) Informant Mrs. E J Rice nee

(b) Address Houston MO

17. (a) Burial (b) Date thereof June 8 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houston Texas Co Mo

18. (a) Signature of funeral director Gaylord V Elliott

(b) Address Houston MO

19. (a) 6-30-41 (b) Bernice Mattingly  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th  
year 1941 hour \_\_\_\_\_ minute 6 P. M.

21. I hereby certify that I attended the deceased from 5/14 1941 to 6/6 1941;  
that I last saw him alive on 6/6 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 52P

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature R Allen (M. D. or other) D

Address mtn group Date signed 6/11-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 741-1260

Date Filed JUL 21 1941

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.....

*Frank E. Wood*

Licensed Embalmer No. F026

P. O. Address.....

*Houston, 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.**