

FILLED NOV 19 1941

Registration District No. 204 Primary Registration District No. 204

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

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Clay
(c) Name of hospital or institution: 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 63 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Clay Township Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Clay Township (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Omar Oscar Davis

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

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

6. (b) Name of husband or wife Mary Davis 6. (c) Age of husband or wife if alive 60 yrs

7. Birth date of deceased 7 30 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Edward Oscar Davis

13. Birthplace un known Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Ellen Saylor

15. Birthplace un known Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Maude Davis

(b) Address Fillmore Mo.

17. (a) B (b) Date thereof 10 29 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fillmore

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah Mo.

19. (a) 10-29-41 (b) Mrs. Addie Barnes
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 27
year 1941 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from on
Oct - 27, 1941, to _____, 19____;
that I last saw him alive on Oct 27, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Gun Shot Wound Duration _____
Suicide

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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

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

(b) Date of occurrence Oct 27 - 1941

(c) Where did injury occur? Andrew, Mo
(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 M. L. Halliday (M. D. or other) M.D.
Address Fillmore mo Date signed 10-29-41

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

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.....

E. B. Preik

Licensed Embalmer No.....

2650

P. O. Address.....

Savannah Ga

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.