

FILED SEP 4 1942 274

State File No.

Registration District No.

Primary Registration District No. 3052

Registrar's No. 280

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis

(c) City or town Rt. 1 Cole Camp
(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 Roy Cecil Davis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec. 22 1934
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>7</u>	<u>7</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Roy C. Davis

13. Birthplace Union Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Maltzberger

15. Birthplace Pettis Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Roy C. Davis

(b) Address Rt. 1 Cole Camp, Mo.

17. (a) Burial (Burial, cremation, or removal) mt. above

(b) Date thereof 8-4-42
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Mariane Ludwig

(b) Address Sedalia, Mo

19. (a) Aug 4, 1942 (Date received at local registrar)

(b) Melvin Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from August 1 1942, to Aug 2 1942
that I last saw him alive on Aug 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Streptococcal sore throat

Due to Streptococcal meningitis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 24hr

Major findings: Of operations _____

Of autopsy _____

Duration 17 days

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)

(b) Means of injury 3

23. Signature Chas D. Brown (M. D. or other) MD

Address Sedalia Mo Date signed Aug 4, 1942

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

80
6
4

MOTHER FATHER

Dr. Osborne

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 9-3-42

RECEIVED

1942

10/1/42

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 *Wm. Ewing*

Licensed Embalmer No. *3847*

P. O. Address *Sidalia, 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.