

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
274 Kelly St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 50y care (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM ALBERT DAVIS

3. (b) If veteran, name war none 3. (c) Social Security No. NONE

4. Sex Male 5. Color or Race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife E. Elizabeth Davis 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased May 2 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 11 29 - hr. - min.

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

10. Usual occupation Carpenter

11. Industry or business Contracting

12. Name JAMES T. DAVIS
13. Birthplace Trenton Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary A. Meyers
15. Birthplace Trenton Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Harry A. Davis
(b) Address Trenton Mo.
17. (a) Buried (b) Date thereof Francis, Mo.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Francis, Mo.

18. (a) Signature of funeral director Wm. J. Roberts
(b) Address Trenton Mo.
19. (a) May 3 1943 (b) J. S. Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town TRENTON
(If outside city or town limits, write "RURAL")
(d) Street No. 1708 East 6th St
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st
year 1943 hour 9:00 minute AM

21. I hereby certify that I attended the deceased from As coroner on May 1st 1943
that I last saw h. - alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease

Due to arteriosclerosis

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) -
(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) (e) Means of injury -
23. Signature Wm. J. Roberts (M. D. or other) MD
Address Trenton Mo Date signed 5-3-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Myself, Registered Apprentice No. _____
working under my personal supervision.

Signed

Rayne A. Wain

Licensed Embalmer No.

3424

P. O. Address

Drexler, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. June
Registrar's No. 62

Registration District No. 132

Primary Registration District No. 3021

1. PLACE OF DEATH:

(a) County Shundy

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

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

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

In this community _____ years, months or days

3. (a) PRINT FULL NAME Wm Albert Davis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 2
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 13
If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country) MO.

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 2 Year 1943 hour _____ minute _____ M.

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

Immediate cause of death Heart Disease
Chronic myocarditis and
hypertrophic degeneration
Due to arteriosclerosis

Due to _____

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

Major findings: 93d

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? _____

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

23. Signature Wm A. Davis (M. D. or other) _____
Address Trenton MO Date signed 6-15-43

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

SUPPLEMENTARY

5-17934