

No. 2
1-2-43
5-17-39

State File No.

Registrar's No.

Registration District No. 72

Primary Registration District No. 4134

1. PLACE OF DEATH:

(a) County CLAY
(b) City or town SMITHVILLE, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CLAY
(c) City or town SMITHVILLE
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES ALLEN 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 MARRIED

6. (b) Name of husband or wife ANNA "W ATTS" DAVIS 6. (c) Age of husband or wife if alive years

7. Birth date of deceased FEB. 22, 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 7 If less than one day hr. min.

9. Birthplace PARIS, ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation TELEGRAPH OPERATOR

11. Industry or business RETIRED 15 Years

12. Name JUDAS W. DAVIS

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

14. Maiden name CLARA BUSH

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

16. (a) Informant MRS. C.A. DAVIS

(b) Address SMITHVILLE, MO.

17. (a) BURIAL (b) Date thereof 7/31/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SMITHVILLE, MO.

18. (a) Signature of funeral director McComas Funeral Home

(b) Address Smithville, Mo.

19. (a) Aug 2-43 (b) Ruth M. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 29
year 1943 hour 11 minute 0 A. M.

21. I hereby certify that I attended the deceased from not
1942 to July 19, 1943
that I last saw him alive on July 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death non-fatal

Due to renal insufficiency
cardio-vascular

Due to dissecting

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1310

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 h

23. Signature Dr. R. E. ... (M.D. or other)
Address Smithville Date signed 7/31/43

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

MOTHER FATHER

1021

RECEIVED

District Health Office No. 8

District File Number.....

Date Filed 8-9-73

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..... *S. R. McComas*

Licensed Embalmer No. *2303*

P. O. Address. *Smithville, 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.