

Registration District No. **44** Primary Registration District No. **4061** Registrar's No. **8**

1. PLACE OF DEATH:
(a) County **Caldwell**
(b) City or town **Braymer**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **45 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Caldwell** **13**
(c) City or town **Braymer** **0**
(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 **J. WAYNE DAVIS**
3. (b) If veteran, name war 3. (c) Social Security No.
4. Sex **M** 5. Color or race **wh** 6. (a) Single, widowed, married, divorced **3**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **Dec 13th 1898**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **16** year **1944** hour **12** minute **10 P.** M.
21. I hereby certify that I attended the deceased from **Feb 12, 1944**, to **Feb 16, 1944**, that I last saw him alive on **Feb 16, 1944** and that death occurred on the date and hour stated above.

8. AGE: Years **45** Months **2** Days **3** If less than one day hr. min.

Immediate cause of death **Respiratory Failure** Duration _____
Due to **myocarditis** _____
Due to **Hypertrophic Arthritis** **30 yrs**

9. Birthplace **Braymer Mo 0**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

Other conditions **Surgical Amputation of rt leg at middle third of femur**
Major findings: **9321**
Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name **M. F. Davis**
13. Birthplace **Braymer Mo 0**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah E Smith**
15. Birthplace **Barberville Mo 1**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mr. Howard Britton**
(b) Address **Braymer, Mo**
17. (a) **Burial** (b) Date thereof **2/18/44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial **Evergreen**
18. (a) Signature of funeral director **Bernard F. Mead**
(b) Address **Braymer, Mo**
19. (a) **2/17/44** (b) **E. A. Thompson**
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury **2**
23. Signature **John R. Crank** (M. D. or other) **Dr.**
Address **Braymer, Mo** Date signed **2/17/44**

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 *Ermond J. Mead*

Licensed Embalmer No. *2801*

P. O. Address *Drayner, 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.