

FILED OCT 17 1944

Registration District No. 302

Primary Registration District No. 6043

Registrar's No. 1495

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Fairdealing
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Washington County
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley
(c) City or town Fairdealing
(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 _____

3. (a) PRINT FULL NAME CHARLES DAVIS

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 23 1857
(Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace unknown Colo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business Rail way - retired

12. Name unknown

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Ellenor Simpson

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Worley

(b) Address Fairdealing Mo.

17. (a) removal (b) Date thereof Sept 9 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation burial Colo.

18. (a) Signature of funeral director Minnie Dick

(b) Address Naylor

19. (a) Oct 1 44 (b) Bertha White
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 1944 hour 9 minute 30 AM.

21. I hereby certify that I attended the deceased from Aug 20 1944 to Sept 7 1944 that I last saw him alive on Sept 3 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Senile gangrene

Due to enarteritis

Due to _____

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

Major findings: Of operations 99'2

Of autopsy none

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) Manner of injury _____

23. Signature Republic Mo. 9/7/44

Address Naylor Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

100

RECEIVED

District Health Officer No. 5,

District File Number 1044524

Date Filed 10-13-44

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 Bryan C McCon

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.