

1. PLACE OF DEATH:

(a) County **Newton**  
(b) City or town **Neosho**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Sales Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **less than 1 day**  
**a few years**  
In this community **a few years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Sherman J. Davis**

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. **440-12-0914**

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Muriel Davis**  
6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **Oct. 6 1889**  
(Month) (Day) (Year)

8. AGE: Years **55** Months **2** Days **7**  
If less than one day hr. min.

9. Birthplace **Barry Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **post. engineer**

11. Industry or business **Robt. S. Davis**

Birthplace **Lawrence Co. Mo.**  
(City, town, or county) (State or foreign country)

Widow's name **Alice M. Wislet**

Birthplace **do not know Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Murrell Davis**  
(b) Address **Neosho Mo.**

17. (a) **burial** (b) Date thereof **12/17/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Muncy Chapel Cem.**

18. (a) Signature of funeral director **W. H. Rogers**  
(b) Address **Cassville, Mo.**

19. (a) **12-16-1944** (b) **Corley Thompson**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Barry**  
(c) City or town **Wheaton**  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **14** 19**44** hour **8** minute **50** A.M.

21. I hereby certify that I attended the deceased from **December 14, 1944** to **Dec. 14, 1944**

that I last saw him alive on **Dec. 14, 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY Sclerosis** Duration **15 min**

Due to **Arterio-sclerosis** **unknown**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: 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 **Charles E. Fulton** (M. D. or other) \_\_\_\_\_  
Address **Neosho Mo** Date signed **12/16/44**

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

MOTHER FATHER

*Conf. - this is not to be used*

JAN 6 1945

JAN 11 1945

RECEIVED DEC 28 1944

District Health Officer No. \_\_\_\_\_

District File Number 1244-1945

Date Filed DEC 28 1944  
JAN 6 1945

JAN 22 1945

JAN 6 1945

**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 E. M. Joiner

Licensed Embalmer No. 3453

P. O. Address Cassville, 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.

no fee  
4/2/45  
TMCN

To Whom It May Concern:

This is to certify that item  
number twenty on the death certificate of Sherman  
J. Davis should read 13th day of December, 1944, in-  
stead of 14th day of December, 1944.

*C. E. Sutton*

C. E. Sutton, M. D.  
Sale Memorial Hospital & Clinic

ces:fn

Subscribed and sworn to before me this 31st day of March 1945.

*Vern. Ratliff*  
\_\_\_\_\_  
Notary Public

My commission expires June 20, 1945.

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HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN  
OTHERWISE BY A DATED AND AUTHORIZED  
DECLASSIFICATION AUTHORITY

S-41721 1944

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