

State File No. _____

FILED MAY 9 1945 275

Registration District No. _____ Primary Registration District No. 3053

Registrar's No. 42

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

1. PLACE OF DEATH:

(a) County Phelps

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARCHUS M. 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 Married

6. (b) Name of husband or wife Elsie Davis

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 10 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Murphysboro Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____

12. Name William Davis

13. Birthplace Opine Co Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Marlee Fletcher

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

16. (a) Informant E. L. Davis

(b) Address 207 1/2 E 12th St. Fort Worth, Tex

17. (a) Removal (b) Date thereof 4-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ada, Okla.

18. (a) Signature of funeral director Alfred Smith

(b) Address Rolla, Mo

19. (a) 4/30/45 (b) Stellus Wecker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 107

(c) City or town Hartsborn
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1945 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 27, 1945, to April 30, 1945; that I last saw him alive on April 30, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Duration _____

Due to _____

Due to _____

Other conditions: _____
(Includes pregnancy within 3 months of death)

Major findings: _____

Of operations 932

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? 1

(Specify type of place)

While at work? _____ (e) Means of injury 1

23. Signature William M. L... (M. D. or other) _____
Address Rolla, Mo Date signed 4/30/45

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. 3510

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3510

P. O. Address. Osaka, 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.