

FILED MAY 17 1945

Primary Registration District No. 3023

Registrar's No. 81

12
1
2

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton RR #3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Clinton Gen'l Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether)

In this community all life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

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

(d) Street No. RR #3
(If rural, give location)

(e) Citizen of foreign country? 0
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CHARLES MARION DAVIES

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 9
year 1945 hour 12 minute _____ P. M.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Dora

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

7. Birth date of deceased: Nov (Month) 18 (Day) 1867 (Year)

21. I hereby certify that I attended the deceased from 3/28 1945 to 4/19 1945
that I last saw him alive on 4/19 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion 12 da.

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>5</u>	<u>8</u>	hr. _____ min.

Due to Coronary Occlusion 12 da.

Due to _____

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

10. Usual occupation farmer

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

Major findings: Of operations _____

Of autopsy None

11. Industry or business _____

12. Name C - Davis

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

14. Maiden name Don't know

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Ruby Davies

(b) Address Clinton Mo RR #3

17. (a) Burial (b) Date thereof 4-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethelton

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? _____

18. (a) Signature of funeral director Consolidated Pres

(b) Address Clinton Mo

19. April 10th (a) Date received local registrar (b) Nuptle Wheeler (Registrar's signature)

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature Ed. C. Peeler (Physician)
Address Clinton Mo Date signed 4/11/45

1891

RECEIVED

D

Officer No. 7,

Date Filed 4-15-42

Date Filed 5-15-42

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

J. E. Consoled

Licensed Embalmer No. 1891

P. O. Address Clinton Ms

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.