

JUL 9 1945/6

Primary Registration District No. 6075

Registrar's No. 63

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

94  
0  
0

1. PLACE OF DEATH:

(a) County St. Francois  
 (b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Mo. State Hospital No. 4  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 das.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi  
 (c) City or town Wyatt  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 94  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME MARION ARTHUR DAVIS  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19  
 year 1945 hour 4 minute 0 M.  
 21. I hereby certify that I attended the deceased from June 11  
 \_\_\_\_\_, 1945 to June 19, 1945  
 that I last saw him alive on June 19, 1945  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Susan Ann Davis (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased: November 26 1881  
(Month) (Day) (Year)

Immediate cause of death Stroke - fracture Duration 7 hrs.  
fracture 1/3 L. Femur -  
falling injuries  
 Due to 20 feet fall down stairs in suicidal attempt  
 Due to \_\_\_\_\_

8. AGE: Years 63 Months 6 Days 24  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions Psychic - Cerebral 3 mo  
(Include pregnancy within 3 months of death)  
arteriosclerosis

9. Birthplace Randolph County, Arkansas  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Farming

Major findings: Of operations \_\_\_\_\_  
 Of autopsy None  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name Jerry Davis  
 13. Birthplace Randolph Co., Arkansas  
(City, town, or county) (State or foreign country)  
 14. Maiden name Deace Laughlin  
 15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Susan Ann Davis  
 (b) Address Wyatt, Missouri  
 17. (a) Burial (b) Date thereof 6-22-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Dogwood  
 18. (a) Signature of funeral director Travis Shelby  
 (b) Address East Prairie, Missouri  
 19. (a) 6/25/45 (b) Ether Rudloff  
(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) See above.  
 (b) Date of occurrence 6-19-45  
 (c) Where did injury occur? Farmington St. Francois Mo.  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On the ward of State Hospital No. 4.  
 While at work? No (Specify type of place) (e) Means of injury See above.  
 23. Signature James H. Docton (M. D. or other) 1/19/46  
 Address Farmington St. Francois Mo Date signed \_\_\_\_\_

1397

RECEIVED

District Health Officer No. 4  
District File Number 745-867  
Date Filed 7-7-45

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. ....  
working under my personal supervision.

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie 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.**