

FILED AUG 10 1945

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 81

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community 20 years
years, months or days)

3. (a) PRINT FULL NAME Orville Franklin Davis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ellen Davis 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased 3 (Month) 13 (Day) 1911 (Year)

8. AGE: Years 34 Months 3 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Service car driver

11. Industry or business _____

12. Name Andy Davis

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

14. Maiden name Mara Woodrow

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

16. (a) Informant Ellen Davis

(b) Address Flat River, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-45 (Month) (Day) (Year)

(c) Place: burial or cremation Parkview

18. (a) Signature of funeral director C. Z. Boyer

(b) Address Desloge, Mo.

19. (a) 7/7/45 (b) Ether Rudloff (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Flat River, Mo. (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 June day 29 year 1945 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 15, 1944 to June 29, 1945; that I last saw him alive on June 25, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic endocarditis

Due to _____

Due to _____

Other conditions Diabetes (Include pregnancy within 6 months of death)

Major findings: Of operations _____

Of autopsy _____

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 H. C. Shepherd (M. D. or other)

Address Flat River, Mo. Date signed 7-6-45

Duration

7.1 yr

3.1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7
5
2

RECEIVED

District Health Officer No. 4
District File Number 845-938
Date Filed 8-9-45

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 E. J. Boyer

Licensed Embalmer No. 1671

P. O. Address Desloge 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.