

**FILED** SEP 21 1945

Registration District No. 172

Primary Registration District No. 3036

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Aurora  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
210 West Olive St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 6 Yrs  
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Aurora  
(If outside city or town limits, write "RURAL")  
(d) Street No. 210 West Olive St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME George Henry 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 Mina Davis 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased July 12 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 6 27 .hr. min.

9. Birthplace ? Ind  
(City, town, or county) (State or foreign country)

10. Usual occupation Rail Road

11. Industry or business Retired

MOTHER FATHER { 12. Name Phillip Davis  
13. Birthplace ? Ind  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Jane Allen  
15. Birthplace ? Ind  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mina Davis  
(b) Address Aurora Mo.  
17. (a) Removal (b) Date thereof 8/9/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Emporia Kansas

18. (a) Signature of funeral director J. J. King  
(b) Address Aurora Mo.  
19. (a) 8-8-45 (b) Chenice Greer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8  
year 1945 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 8 1945 to Aug 8 1945  
that I last saw him alive on August 7 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Acromia  
Due to Chromia nephritis & cystitis  
Due to Benign hyperplasia of prostate

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy none

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 injury) (c) Means of injury.....  
23. Signature Dr. W. H. Kelley (M. D. or other) MD  
Address Aurora Mo. Date signed 8/8/45

Duration

1 week

not known

not known

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1150

RECEIVED  
District Health Officer No. 6;  
District File Number 945-986  
Date Filed SEP 20 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..... *Herman Purridge*

Licensed Embalmer No. *3072*

P. O. Address..... *Aurora Ill*

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.