S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41406

FILED JAN 5 1946

Registration District No. 13 Primary Registration District No. 5573 Registrar's No. 25

48
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1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Grain Valley
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Colton RR - Grain Valley Sw. Mun
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Oak Grove Route 2
(If outside city or town limits, write "RURAL")
(d) Street No. Larsney
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Charles Hermon Davis
3. (b) If veteran, name war None
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 Eglentyne Davis
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan. (Month) 10 (Day) 1906 (Year)

8. AGE: Years 39 Months 11 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Purdy (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....

MOTHER FATHER
12. Name Edward Davis
13. Birthplace Butterfield Mo. (City, town, or county) (State or foreign country)
14. Maiden name Coral Virginia Lowe
15. Birthplace Butterfield Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Eglentyne Davis
(b) Address Route 2 Oak Grove
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Buckner Cem
18. (a) Signature of funeral director George E. Eason
(b) Address Indep. Mo.
19. (a) 12-24-45 (Date received local registrar) (b) Mrs. John Lawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14 year 1945 hour 9 45 minute A. M.
21. I hereby certify that I attended the deceased from Coma, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Skull Fracture	
Crushed Chest	
Due to Rail Road Trauma	
Due to	
Other conditions (Include pregnancy within 3 months of death) 70C 8	
Major findings: Of operations 2 70	
Of autopsy not permit	
History & Impression	

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) accident
(b) Date of occurrence 12-14-45
(c) Where did injury occur? Grain Valley Mo. Jackson Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury R.R. Auto
23. Signature James Walker (M. D. or other)
Address 1424 Ave Kansas City Date signed 12-15-45

1315 (Licensed Embalmer's Statement on Reverse Side) K.C. Mo.

JAN 10 1945

JAN 29 1946

MAR 4 1953

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address Indep. 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.