

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

FILED JAN 15 1946

Registration District No. 170

Primary Registration District No. 5633

Registrar's No. _____

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town RURAL Smith
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
12MI EAST LEBANON NEAR U.S. 663
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 DAYS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 53
(c) City or town LEBANON
(If outside city or town limits, write "RURAL")
(d) Street No. 228 GARFIELD
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELMER DAVIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-03-2759

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED!
6. (b) Name of husband or wife ALICE DECORSEY 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased MAR 28 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 16 hr. _____ min.

9. Birthplace LACLEDE CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

MOTHER FATHER { 12. Name ROBT. D DAVIS
13. Birthplace LACLEDE CO MO
(City, town, or county) (State or foreign country)
14. Maiden name NANCY MURPHY
15. Birthplace TENN
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Davis
(b) Address LEBANON MO

17. (a) BURIAL (b) Date thereof 1-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD LIBERTY CEM.

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) 12-18-45 (b) Dr. H. Frankenburg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 14TH
year 1945 hour PROBABLY 5 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death BROKEN NECK

Due to HANGING

Due to _____

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

Major findings: Of operations 1640
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) SUICIDE

(b) Date of occurrence DEC. 14TH 1945

(c) Where did injury occur? 12MI EAST LEBANON LACLEDE MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
IN WOODS NEAR U.S. 66

While at work? NO (Specify type of place) (e) Means of injury ROPE

23. Signature Dr. Palmer (Palmer) (M. D. or other)

Address LEBANON MO Date signed 1/17/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1463

Received _____
Laclede County Health Unit
File No. 12-45-174
Date Filed 1/14/46

JAN 16 1946

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 *R. Bahrer*

Licensed Embalmer No. 1161

P. O. Address *Lebanon*

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.