

FILED APR 12 1946

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County Clatsop
(b) City or town El Dorado Spgs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chambers Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 mo
(Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cedar 20
(c) City or town El Dorado Spgs
(If outside city or town limits, write "RURAL")
(d) Street No. 210 W Highways
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALICE D. DAVIS

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased april 10 1858
(Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Bates Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Price

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

14. Maiden name Wallace

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

16. (a) Informant W. C. Johnson

(b) Address Palmdale Cal

17. (a) Burial (b) Date thereof 3/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City Mo

18. (a) Signature of funeral director Walter Finster Haver

(b) Address El Dorado Spgs

19. (a) 3/28/46 (b) J. C. Brunner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1946 hour 8 minute 15 PM

21. I hereby certify that I attended the deceased from Jan 1945 to March 26 1946
that I last saw him alive on March 25 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy in 100

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 L. T. Dunaway (M. D. or other) _____

Address El Dorado Spgs Date signed 3/28/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File No. 2-46-273

Date Filed 4-11-46

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 George W. Mafus

Licensed Embalmer No. 2752

P. O. Address El Dorado Spgs

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.