

FILED JUL 11 1946

Registration District No. 304

Primary Registration District No. 6237

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Rural Hickory Grove
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren ¹⁰⁹

(c) City or town Rural Hickory Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 11 (If rural, give location) 9

(e) Citizen of foreign country? — (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME George R. Davis

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

4. Sex M. 5. Color or race W 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 March 22 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1946 hour 7 minute 30 A.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 _____

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

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant M.A. Remin
(b) Address Wright City Mo

17. (a) Burial (b) Date thereof June 18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright City Cem.

18. (a) Signature of funeral director J. Busby
(b) Address Wright City Mo

19. (a) June 20, 1946 (b) Mrs. F.W. Hughes
(Date received local registrar) (Registrar's signature)

Duration _____

Due to Acute Insufficiency

Due to Senility

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

Major findings: Of operations 920

Of autopsy _____

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) _____

(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? 3

(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature Dr. P. H. ... (Y. D. for other) _____
Address W. ... Date signed 6-18-46

JUL 30 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 *Julius J. Nieburg*
Licensed Embalmer No. *3366*
P. O. Address *Wright City 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.