. No. 2
1—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37576

State File No.

FILED DEC 1 1948

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 326

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
303 E. Morgan 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 303 E Morgan 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME WILBUR L. DAVIS JR

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Baby 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 9 (Month) 24 (Day) 1948 (Year)

8. AGE: Years 3 Months 2 Days If less than one day hr. min.

9. Birthplace Sedalia Pettis Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Wilbur L. Davis
13. Birthplace Sedalia Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruby Robinson
15. Birthplace Smithton Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruby Davis
(b) Address 303 E. Morgan Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director R. D. Legum
(b) Address Sedalia Mo

19. (a) 11-17-48 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1948 hour 9 minute a. M.

21. I hereby certify that I attended the deceased from Sept. 24, 1948, to Nov. 16, 1948
that I last saw him alive on Nov. 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Debility

Due to Premature birth

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 159

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature W. E. Bess, M.D. (M. D. or other)
Address Sedalia Mo. Date signed Nov. 16 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-30-48

DEC 8 1948

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 F. T. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.