

FILED JAN 12 1944

Registration District No. _____

Primary Registration District No. 4110

Registrar's No. 81

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

1. PLACE OF DEATH:

(a) County Chariton Co
(b) City or town Salisbury Mo
(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 all years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton
(c) City or town Salisbury
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jefferson E. Davis
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15
year 1948 hour 10 minute P.M.
21. I hereby certify that I attended the deceased from Oct 11 1948 to Dec 15 1948
that I last saw him alive on December 15 1948
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Jimmie Davis 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased May 12 1862
(Month) (Day) (Year)

Immediate cause of death Cerebral thrombosis
Due to Cerebral sclerosis
Due to _____
Other conditions Dyslipidemia mellitus
(Include pregnancy within 3 months of death)

Duration 2 hrs & 4 days
1 yr
10 yrs

8. AGE: Years 86 Months 7 Days 3 If less than one day _____ hr. _____ min.

Major findings: Of operations —
Of autopsy — 61

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation Farmer
11. Industry or business _____
12. Name Luck Davis
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name Marble Beckert
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Mr. Jimmie Davis
(b) Address Salisbury Mo
17. (a) Burial (b) Date thereof 12-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salisbury
18. (c) Signature of funeral director Geo. B. Winkler
(b) Address Salisbury
19. (a) 12/15/48 (b) Geo. B. Winkler
(Date received local registrar) (Registrar's signature)

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 J. L. Davis (M. D. or other) M.D.
Address Salisbury Mo Date signed 12-20-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-11-49

JAN 12 1949

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 Chas B Weikelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, Md

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.