

FILED NOV 10 1942

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 211

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Wells City
(c) Name of hospital or institution: St. Matthews Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 (Specify whether years, months or days)

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

4. Sex Male 5. Color of White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife William Davis
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased March 28 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 4 If less than one day 1 hr. 1 min.

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

10. Usual occupation Wholesale

11. Industry or business Grocery

12. Name Laborer & Caser
18. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Kenneth F. Davis

(b) Address Wells City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Wells City Mo

(b) Address Wells City Mo

19. (a) 10/3/42 (Date received local registrar) (b) Elizabeth Compline (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Wells City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 130 N. College (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2 year 1942 hour 12.50 minute 2 M.

21. I hereby certify that I attended the deceased from Aug 09 1942 to Oct 2 1942 that I last saw him alive on Oct 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Hypertension
Atherosclerosis
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: 83a!
Of operations _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Albert B. Wheeler (M. D. or other)

Address Wells City Mo Date signed Oct 3 1942

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 myself.

....., Registered Apprentice No.
working under my personal supervision.

Signed Wayne M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb 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, above space should be left blank.