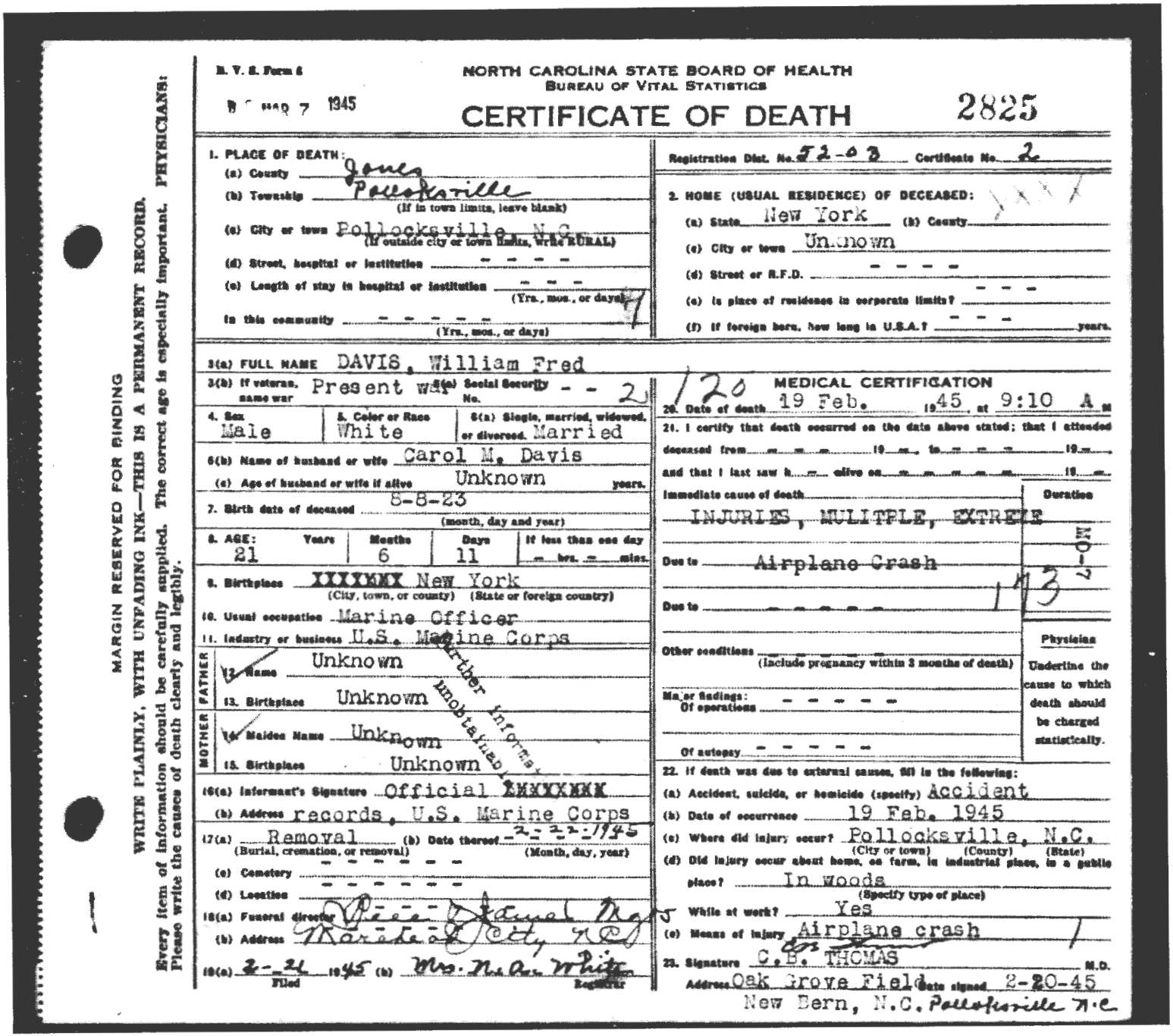

U. V. S. Form 6

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

MAR 7 1945

CERTIFICATE OF DEATH

2825

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
Please write the causes of death clearly and legibly.

Every item of information should be carefully supplied. The correct age is especially important. PHYSICIANS:

1. PLACE OF DEATH:
(a) County Jones
(b) Township Pollocksville (If in town limits, leave blank)
(c) City or town Pollocksville N.C. (If outside city or town limits, write RURAL)
(d) Street, hospital or institution - - - -
(e) Length of stay in hospital or institution - - - (Yrs., mos., or days)
In this community - - - - - (Yrs., mos., or days) 7

Registration Dist. No. 52-03 Certificate No. 2

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State New York (b) County
(c) City or town Unknown
(d) Street or R.F.D. - - - -
(e) Is place of residence in corporate limits? - - -
(f) If foreign born, how long in U.S.A.? - - - years.

3(a) FULL NAME DAVIS, William Fred
3(b) If veteran, name war Present war 3(c) Social Security No. - - 2

4. Sex Male
5. Color or Race White
6(a) Single, married, widowed, or divorced. Married
6(b) Name of husband or wife Carol M. Davis
(c) Age of husband or wife if alive Unknown years.
7. Birth date of deceased 5-8-23 (month, day and year)
8. AGE: Years 21 Months 6 Days 11 If less than one day - hrs. - mins.
9. Birthplace XXXXXXX New York (City, town, or county) (State or foreign country)
10. Usual occupation Marine Officer
11. Industry or business U.S. Marine Corps

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

Informant's information unobtainable

16(a) Informant's Signature Official XXXXXXX
(b) Address records, U.S. Marine Corps

17(a) Removal (Burial, cremation, or removal) (b) Date thereof 2-22-1945 (Month, day, year)
(c) Cemetery - - - - - -
(d) Location - - - - - -

18(a) Funeral director Rice-Dixon Funeral Home
(b) Address Mariette City N.C.

19(a) 3-24 1945 Filed (b) Mrs. Nell Ann White Registrar

MEDICAL CERTIFICATION

20. Date of death 19 Feb. 1945 at 9:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from - - - 19- - to - - - 19- -
and that I last saw h- - alive on - - - - - 19- -

Immediate cause of death INJURIES, MULITPLE, EXTREME — Duration

Due to Airplane Crash

Due to - - - - -

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations - - - - - -
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) Accident
(b) Date of occurrence 19 Feb. 1945
(c) Where did injury occur? Pollocksville, N.C. (City or town) (County) (State)
(d) Did injury occur about home, on farm, in industrial place, in a public place? In woods (Specify type of place)
While at work? Yes
(e) Means of injury Airplane crash

23. Signature C.B. THOMAS M.D.
Address Oak Grove Field Date signed 2-20-45
New Bern, N.C. Pollocksville N.C.