

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED OCT 1 1948

State File No. _____

Registration District No. 119

Primary Registration District No. 5670

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Coroso 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 years, months or days) 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Coroso Mo Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Rt #2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Albert Davis

3. (b) If veteran, name war No

3. (c) Social Security No. 488-10-3107A

4. Sex Male S. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella Hadley Davis

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased November 28 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10 year 1948 hour 7 minute P M.

21. I hereby certify that I attended the deceased from June 1st 1948 to Sept 6 1948 that I last saw him alive on Sept 6 1948 and that death occurred on the date and hour stated above.

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

<u>69</u>	<u>9</u>	<u>12</u>	hr. min.
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Immediate cause of death: Chronic Myocarditis ?

Due to Cardiac Hypertrophy

Due to Hypertension

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

9. Birthplace St Frances County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER

12. Name Samuel Davis

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

14. Maiden name Arite Cunningham

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

Major findings: Of operations _____

Of autopsy 93D

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Stella Davis

(b) Address Coroso Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Hackman Bone

(b) Address St Charles Mo

19. (a) Sept 23 48 (Date received local registrar) (b) Emma B. Riddle (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 R. M. Chew (M. D. Mo. St.)
Address Silex Mo. Date signed Sept. 13 48

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

RECEIVED
District Health Officer No. 9,
District No. 9,
District Fld. Number
SEP 30 1948
Date Filed

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..... *Arthur C. Bane*
Licensed Embalmer No. *3145*
P. O. Address..... *St Charles 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.