

REC'D APR 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10995
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson
(b) Township Blue
(c) City Independence
(e) Length of residence in city or town where death occurred R.R. yrs. mos. ds.

Registration District No. 398
Primary Registration District No. 3554

Registered No. 87

2. PRINT FULL NAME George W. Davis 120

(a) Residence, No. R.R. # 2 Box 448 St.
(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 10 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 78

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Country
Jackson Co. Mo.

FATHER 13. NAME Ethelbert Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Maryann Glenn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. H. W. Bower
Indep. Mo. R.F.D. #2 Box 448

18. BURIAL, CREMATION, OR REMOVAL PLACE Indep. Woodlawn DATE 3-23-38

19. FUNERAL DIRECTOR (ADDRESS) Oct - Mitchell
316 N. Main - Independence, Mo.

20. FILED 3-28-38 J. R. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1938, to March 21, 1938

I last saw him alive on March 20, 1938. Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Bronchial B. Tuberc. not known
Acute Detention of Heart 3/1/38

Other contributory causes of importance: 1074

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) George F. Trueman, M.D.
360 (Address) Independence Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-2-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)