No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15433

State File No.

MAY 15 1940

Registration District No. 534 Primary Registration District No. 4318 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Macon

(b) City or town New Cambria (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days) In this community none

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

(c) City or town New Cambria (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 71 years years.

3. (a) PRINT FULL NAME THOMAS JOHN DAVIS 120

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 10 (Day) 1868 (Year)

8. AGE: Years 72 Months 2 Days 24 If less than one day hr. min.

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

10. Usual occupation Farmer 4

11. Industry or business

FATHER 12. Name John F Davis 4

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

MOTHER 14. Maiden name Rebecca Williams

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

16. (a) Informant Miss Sarah Davis

(b) Address New Cambria Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1940 (Month) (Day) (Year)

(c) Place: burial or cremation New Cambria Cemetery

18. (a) Signature of funeral director H. J. Gilliland

(b) Address New Cambria, Mo

19. (a) May 8 40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1940 hour 2 P.M. minute P. M.

21. I hereby certify that I attended the deceased from November 29, 1939, to May 4, 1940, that I last saw him alive on May 4, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	
Due to Bright's Disease	years
Due to 121	
Other conditions Cardiac Asthma (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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. D. Maddox (M. D., or other)

Address New Cambria, Mo. Date signed 5/4/40

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 1945

RECEIVED
District Health Officer No. 10
District File Number 5-40-1022
MAY 14 1940
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 H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria, 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.