

Registration District No. 19217

Primary Registration District No. 5810

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural Austin Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2 1/2 miles west of Archie
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)
In this community 1 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Rural - Austin
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 miles west + north of Archie Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1940 hour 8:00 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Still dead Duration _____

at Chesham Mill
probably a fall in a ditch

Due to as had been talking with gas. Bleeding up

Due to to get

N.M.D.

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

Major findings: Of operations 118C

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? _____

140 (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature E. M. Luffler (M. D. number) 5

Address Harrisville Date signed 7/16/40

3. (a) PRINTED FULL NAME Harry Lee Davis 120

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Male 5. Color or race White 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Flora Anna Nestland 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Sept. 20, 1900
(Month) (Day) (Year)

8. AGE: Years 39 Months 9 Days 26 If less than one day hr. _____ min. _____

9. Birthplace St. Jacob Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas William Davis

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Mary Smith

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Flora A. Davis

(b) Address Archie - Mo

17. (a) Rural (b) Date thereof July 18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parsons Kansas

18. (a) Signature of funeral director W. H. ...

(b) Address Parsons Mo

19. (a) 7-118-40 (b) Mrs. Flora Davis
(Date received local registrar) (Registrar's signature)

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

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 Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.