

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Samuel Davis

3. (b) If veteran, name war 3. (c) Social Security No. 486-127-26

4. Sex male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marcella Ann Davis 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased: April 3-1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>11</u>	<u>15</u>	hr. min.

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name James M. Davis

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

14. Maiden name Elizabeth Outgas

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

16. (a) Informant Olav Davis

(b) Address Brashear MO

17. (a) Burial (b) Date thereof 3-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brashear

18. (a) Signature of funeral director E. S. Cooper

(b) Address Brashear MO

19. (a) Mar. 15/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Brashear
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1941 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 7th, 1941, to March 15, 1941; that I last saw him alive on March 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Failure of the heart

Due to Mitral valve stenosis and regurgitation and

Due to aortic valve regurgitation

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

Major findings: _____ Of operations _____ Of autopsy _____

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? 3 (Specify type of place) (e) Means of injury _____

23. Signature Dr. N. E. Corns (M.D. or other) DO

Address Brashear, MO Date signed Mar. 15 1941

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 4-41-808

Date Filed APR 14 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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.