

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

FILED MAR 30 1943

Registration District No. 59

Primary Registration District No. 4097

Registrar's No. 65

1. PLACE OF DEATH: Cars

(a) County Harrisonville

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

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

(d) Length of stay: In hospital or institution. 2 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cars

(c) City or town Rural Camb Branch Twp.
(If outside city or town limits, write "RURAL.")

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

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

3. (a) PRINT FULL NAME CLAUDE DAVIS

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

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

6. (b) Name of husband or wife Helen Davis 6. (c) Age of husband or wife if alive. ✓ years

7. Birth date of deceased Mar 13 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>-</u>	<u>11</u>	hr. min.

9. Birthplace Bates Co Mo.
(City, town or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business CH Davis

12. Name CH Davis

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

14. Maiden name Anna Mock

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

16. (a) Informant Mrs Lucy Mudd

(b) Address Harrisonville Mo.

17. (a) burial (b) Date thereof Mar 27-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orient Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO.

19. (a) March 27/43 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24
year 1943 hour 1:00 minute A M.

21. I hereby certify that I attended the deceased from 3/21-43
..... 19..... to 3/23/1943
that I last saw him alive on 3/23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarction
myocardial failure
Due to Chronic Coronary Artery Disease
& Ulcerative Colitis.

Due to Ulcers of Stomach

Other conditions (Include pregnancy within 3 months of death) 918

Major findings: Of operations 918

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
Means of injury 3

23. Signature: Dr. E. Allen (M. D. or other) Dr.
Address: Harrisonville Mo. Date signed 3/24/43

Duration

1 1/2 days

1 week

2 yrs

1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

1047

JUN 17 1943

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 _____

Ernest Runenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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.