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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

31528

31628

Registrar's No.

788

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Springfield Baptist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **26 days** (Specify whether  
In this community **20 years** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene 039**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **626 S. Pickwick**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country **11**

3. (a) PRINT FULL NAME **John Clarence Davis**

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

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

6. (b) Name of husband or wife **Mrs. Mae Davis** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **NOVEMBER 6, 1892**  
(Month) (Day) (Year)

8. AGE: Years **60** Months **10** Days **18** If less than one day hr. min.

9. Birthplace **CHRISTIAN COUNTY, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business **Mens Clothing**

12. Name **GEORGE W DAVIS**

13. Birthplace **UNKNOWN INDIANA**  
(City, town, or county) (State or foreign country)

14. Maiden name **LETTIE FARRIS**

15. Birthplace **UNKNOWN MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. MAE DAVIS**

(b) Address **SPRINGFIELD, Mo.**

17. (a) **BURIAL** (b) Date thereof **SEPT. 26 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PAYNE CEMETERY**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**  
(b) Address **Springfield, Missouri**

19. (a) **9-27-43** (b) **W W Handley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **26**  
year **1943** hour **5:00** minute **P. M.**

21. I hereby certify that I attended the deceased from **Aug 28** 19**43** to **Sept. 24** 19**43**  
that I last **again** alive on **Sept. 23** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **-**

Due to **-**

Other conditions **2**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **-**

Of autopsy **none**

Duration

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?

While at work?..... (Specify type of place)  
(c) Means of injury.....

23. Signature **W W Handley** (M. D. or owner)

Address **Springfield Mo** Date signed **9-27-43**

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

MOTHER FATHER

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**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.....

*E. W. Tooley*

Licensed Embalmer No.....

*1767*

P. O. Address.....

*Spencer Field 17*

**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.**

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