

S. No. 2
OM-5-43
v. 5-17-39
T: X3667

FILED SEP 3 1946

State File No. _____
Registrar's No. 110

Registration District No. _____ Primary Registration District No. 5655

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

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: In hospital or institution 158 days
(Specify whether years, months or days)

In this community 158 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirkville
(If outside city or town limits, write "RURAL")

(d) Street No. 915 South First
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Lawrence Elmer Davis

3. (b) If veteran, name war no

3. (c) Social Security No. 489-14-7963

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Blanche Shoop Davis

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased January 7 1903
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 1

If less than one day hr. _____ min. _____

9. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Coal mine

11. Industry or business _____

12. Name John Davis

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

14. Maiden name Ettie Shoopman

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

16. (a) Informant Ethel McMichael, Record Clerk

(b) Address Mo. State San. Mount Vernon, Mo.

17. (a) Reinterment (b) Date there July 9th 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirkville, Mo

18. (a) Signature of funeral director Geo. B. Orr

(b) Address Mo. State San. Mount Vernon, Mo

19. (a) July 24th 46 (b) Dr. Helms
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1946 hour 4 minute 30 a. m.

21. I hereby certify that I attended the deceased from February 1, 1946, to July 8, 1946;
that I last saw him alive on July 7, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pulmonary tuberculosis 9 months

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

138

Duration

9 months

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)

(e) Means of injury _____

23. Signature C. A. Brasher (M. D. or other) M. D.
Address Mo. State San. Mount Vernon, Mo Date signed 7-8-46

159

RECEIVED

District Health Officer No. 6,

District File Number 846-~~829~~ 829

Date Filed AUG 2 1946

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 Geo. B. Orr,

Licensed Embalmer No. 946

P. O. Address Mt. Vernon, 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.