No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30852

State File No.

FILED SEP 18 1946

Registration District No. 177 Primary Registration District No. 3003 Registrar's No. 64

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: 1204 - 4th st V
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community Thirty five years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town Monett 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1204 4th st 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country none

3. (a) PRINT FULL NAME Luther Winfield Davis

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Dora Steele Davis

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased February (Month) 22 (Day) 1870 (Year)

8. AGE: Years 76 Months 5 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace Carroll County (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Individual Labor

11. Industry or business Rug cleaning

FATHER
12. Name Ewin Maclin Davis 1
13. Birthplace Nashville (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Anna Tennis
15. Birthplace Nashville (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mrs L. W. Davis

(b) Address 1204 4th st Monett Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 10 (Day) 1946 (Year)

(c) Place: burial or cremation Mt Pisgah Barry Co

18. (a) Signature of funeral director Callaways

(b) Address Monett Mo

19. (a) 8-15-46 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1946 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 15, 1946, to Aug 5, 1946, that I last saw him alive on Aug 4, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	1 yr
~~Due to~~ Myocardial degeneration	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94P
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Frank Hess MD (M. D. or other)

Address Monett Mo Date signed 8/15/46

160 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 946-958
Date Filed SEP 16 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 J. R. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.