

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 6 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 5

Primary Registration District No. 40-4-5030

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Rural Tarkio
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 55 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Rural Tarkio
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry Franklin 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 Married

6. (b) Name of husband or wife Bess Nixon Davis 6. (c) Age of husband or wife if alive 52 yrs
April 28 1892 years

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

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>5</u>	<u>23</u>	hr. _____ min.

9. Birthplace Atchison County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Same

12. Name John Franklin Davis

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

14. Maiden name Pharaba Hawkins

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

16. (a) Informant Mrs. H.F. Davis

(b) Address Tarkio, Mo.

17. (a) Burial (b) Date thereof Oct 24 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
Tarkio Home Cemetery

(c) Place: burial or cremation _____
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio, Mo.
19. (a) P-24-46 (b) Mr. R. Cunningham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1946 hour 1:00 minute 15 M.

21. I hereby certify that I attended the deceased from Oct 20
1946 to Oct 21 1946
that I last saw him alive on Oct 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis?

Due to _____
Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy none

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 [Signature] (M. D. certificate)
Address Tarkio, Mo. Date signed 10/24/46

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

34810

DISTRICT HEALTH OFFICE
CANNON, Mo.

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..... *Jno. M. Davis*

Licensed Embalmer No. 2394

P. O. Address...Tarkio, 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.