

No. 2
-12-45
5-17-39
1-5 X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1

61

FILED JAN 16 1947

Registration District No. 6 Primary Registration District No. 3001

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
305 E. State 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain

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

(d) Street No. 305 E. State
(If rural, give location)

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

3. (a) PRINT FULL NAME James Henry Davis

3. (b) If veteran, name war no 3. (c) Social Security No. 497-18-4389

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5
year 1947 hour one minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1946, to Jan 5 1947 that I last saw h. in alive on Jan. 3 1947 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Hattie C. Davis

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: June 6 1869
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Due to Coronary Sclerosis

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>29</u>	hr. _____ min. _____

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

9. Birthplace New Hartford, Pike Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Tinner for Hardware Co.

Major findings: Of operations _____

Of autopsy: 94A

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Andrew Jackson Davis

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

14. Maiden name Martha Francis Harrelson

15. Birthplace New Hartford, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Wife Hattie C. Davis

(b) Address Vandalia, Mo.

17. (a) Burial (b) Date thereof Jan 7 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Vandalia, Mo.

18. (a) Signature of funeral director W. S. Staters

(b) Address Vandalia, Mo.

19. (a) Jan 7 1947 (b) Mollie Fugua
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature Rhee Alford M.P.

Address Vandalia, Mo. Date signed 1-6-47

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

FATHER {
MOTHER {

4
2
1

4
2
1
0

6

VS SEP 15 1960

RECEIVED
District Health Officer No. 10
District File Number 1-41-28
Date Filed JAN. 14 1947

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 H. B. Waters
Licensed Embalmer No. 4169
P. O. Address Windsor 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.