

FILED FEB 17 1947

Registration District No. 182

Primary Registration District No. 5679

State File No. Registrar's No.

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

1. PLACE OF DEATH:

(a) County LINN

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

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

(d) Length of stay: In hospital or institution 7.2 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn

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

(d) Street No. 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME EDWIN R. 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 Jennie Davis

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 17, 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>8</u>	<u>15</u>	hr. min.

9. Birthplace New Boston Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Marshall Davis

13. Birthplace Var. - 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Nickerson

15. Birthplace Linn Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jennie Davis

(b) Address New Boston Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation New Boston Cem.

18. (a) Signature of funeral director Person Funeral Home

(b) Address Bucklin Mo.

19. (a) Feb. 3, 1947 (Date received local registrar) (b) Mrs. Ruidie Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1947 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from Feb 2, 1947 to Feb 2, 1947
that I last saw him alive on Feb 2 - 6:00 a.m. 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial infarction Duration 7 mo.

Due to Mitral stenosis

Due to _____

Other conditions Pulmonary edema
(Includes pregnancy within 3 months of death)

Major findings: Coronary heart

Of operations _____

Of autopsy 92B

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 L

23. Signature R. A. Livell (M.D. or other) MD.

Address Bucklin Mo. Date signed 2-4-47

SEP 8 1951

DISTRICT HEALTH OFFICE
Cameron, 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..... *C. A. Larson*

Licensed Embalmer No. *4037*

P. O. Address..... *Bucklin, 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.