

S. No. 2
M-8-43
5-17-39
P 1 X37823

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

State File No. **30319**

FILED OCT 15 1947

Registration District No. **30**

Primary Registration District No. **4038**

Registrar's No. **37**

1. PLACE OF DEATH:
 (a) County **Benton**
 (b) City or town **Warsaw**
 (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 **60 Years** (Specify whether
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Benton**
 (c) City or town **WARSAW** (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 **John Lincoln Davis**

3. (b) If veteran, name war **No**
 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Minnie Davis**
 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **November 19 1868**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	10	17	hr. _____ min.

9. Birthplace **Jersey city N Y**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Ferris G. Davis**

13. Birthplace **Milton N Y**
 (City, town, or county) (State or foreign country)

14. Maiden name **Mary C. Myers**

15. Birthplace **Harvest straw N Y**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs John Davis**

(b) Address **Warsaw, Missouri**

17. (a) **Burrial** (b) Date thereof **Oct. 9 1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Riverside, Warsaw, Mo.**

18. (a) Signature of funeral director **Riverside Funeral Home**
Warsaw Missouri

(b) Address _____
 19. (a) **Oct 9 1947** (b) **Jas H Logan**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **7**
 year **1947** hour **4** minute **15** A. M.

21. I hereby certify that I attended the deceased from **Sept. 5**
 1947 to **Oct. 9** 1947;
 that I last saw him alive on **Oct. 1st** 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy**
After marriage Duration **29 days**

Due to _____
 Due to _____

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

Major findings: **836**
 Of operations _____
 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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature **H. H. Hunt** (M. D. or other) **M.D.**
 Address **Warsaw Mo** Date signed **10/8/47**

RECEIVED
DISTRICT HEALTH OFFICER NO. 7,
DISTRICT FILE NUMBER 2-47-1187
DATE FILED 10-19-47

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.....

working under my personal supervision.

Jack Weber

Registered Apprentice No. *12*

Signed *John J. Reiser*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.