. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 12 1948
Registration District No. 59

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18912

Primary Registration District No. 4097

Registrar's No. 110

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Harrisonville
(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 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass 19
(c) City or town Harrisonville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. N. Lexington 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William Henry Tavis
3. (b) If veteran, name war ✓
3. (c) Social Security No. 499-16-3032

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Tavis
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Aug 23 (Month) 1921 (Day) (Year)

8. AGE: Years 26 | Months 10 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Kansas City (City, town, or county) Kan (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name James A Tavis
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Metzger
15. Birthplace Kan (City, town, or county) (State or foreign country)
16. (a) Informant Mary E Tavis
(b) Address Harrisonville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Orient
18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO.
19. (a) July 3-1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1948 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemothorax
Due to Gunshot Wound left
Due to Chest
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence 7-2-48
(c) Where did injury occur? Harrisonville (City or town) (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Shot by another
23. Signature O B Barger (M. D. or other) Mo MD
Address Harrisonville, Mo. Date signed 7-3-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest Rummenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville

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.