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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

20235
State File No.

Registration District No. 243 Primary Registration District No. 5832 Registrar's No. 22

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution EAST BENTON TWP. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON 73
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. EAST BENTON TWP. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME SIDNEY CHARLES DAVIS
3. (b) If veteran, name war NONE
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 LULA DAVIS
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased SEPTEMBER (Month) 1 (Day) 1867 (Year)

8. AGE: Years 80 Months 10 Days 2 If less than one day hr. min.

9. Birthplace ALLEGAN (City, town, or county) MICHIGAN (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name HENRY DAVIS
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name EMELY BRIDGELY
15. Birthplace PENN. (City, town, or county) (State or foreign country)
16. (a) Informant Lula Davis
(b) Address Granby R#2
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation HAZEL GREEN
18. (a) Signature of funeral director Corley Thompson
(b) Address Neosho Mo.
19. (a) 7-8-48 (Date received local registrar) (b) Alpha Boyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd year 1948 hour 2:00 minute A.M.
21. I hereby certify that I attended the deceased from June 20, 1948 to July 3, 1948 that I last saw him alive on July 3, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion.	2 hrs
Due to: Arteriosclerosis.	over 2 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

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

23. Signature Charles O. Chesser (M. D. or other) D.O.
Address Granby, Mo. Date signed 7-8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Newton
District File Number 48-335
Date Filed 7-13-48

RECEIVED
District Health Officer No.
District File Number
Date Filed

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 Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.