

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Vandalia, Mo. Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Andrews Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 16 4/7 days  
years, months or days

3. (a) PRINT FULL NAME DAVID JAVIES

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 widowed  
6. (b) Name of husband or wife: \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 25 1869  
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Cwmnach South Wales  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Thomas Davies 4

13. Birthplace Cwmnach S. Wales  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jones

15. Birthplace Cwmnach S. Wales  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Williams

(b) Address Vandalia, Mo.

17. (a) Burial (b) Date thereof 7-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Cemetery

18. (a) Signature of funeral director Blair Smith

(b) Address Vandalia, Mo.

19. (a) July 27 1948 Blench Neely  
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew  
(c) City or town Vandalia, Mo. 71  
(If outside city or town limits, write "RURAL")  
(d) Street No. 410 W. State 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 25  
year 1948 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from 7/10 1948 to 7/25 1948  
that I last saw him alive on 7/25 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
L. cerebral hemorrhage 3 wks.  
Due to arteriosclerosis 3 yrs.  
Due to chronic nephritis 6 yrs.

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
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 Thos. L. Jurgens M.D. (M. D. or other)  
Address Vandalia, Mo. Date signed 7/27/48

RECEIVED

District Health Officer Fred L.

District File Number 8-48-137

Date Filed AUG 4 - 1949

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.....

*John F. Ellis*

....., Registered Apprentice No. 499

working under my personal supervision.

Signed *Clyde C. Wilkey*

Licensed Embalmer No. 3820

P. O. Address *Perry, Ind*

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

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