

Registration District No. **275**

Primary Registration District No. **5-836**

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

1. PLACE OF DEATH:
(a) County **NEWT ON**
(b) City or town **RURAL #1, NEOSHO, MO**
(c) Name of hospital or institution:
RURAL #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **LIFETIME** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Newton** **93**
(c) City or town **Neosho** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural #1** **0**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **OTTO HARRINGTON 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 **ROSA BELLE** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **DECEMBER 10, 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 **7** **26** hr. min.

9. Birthplace **Altamont, Kansas** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **JAMES R. DAVIS**
13. Birthplace **MEMPHIS, TENN** (City, town, or county) (State or foreign country)
14. Maiden name **MARY ELKINS**
15. Birthplace **NASHVILLE, TENN** (City, town, or county) (State or foreign country)

16. (a) Informant **MRS. ROSA BEELE DAVIS**
(b) Address **R#1, NEOSHO, MISSOURI**
17. (a) **BURIAL** (b) Date thereof: **8-9-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Osborne, Joplin, Mo**

18. (a) Signature of funeral director **Parker-Hunsaker**
(b) Address **1502 Joplin, Joplin, Missouri**
19. (a) **Aug 9, 1948** (b) **Melvin C. Bowman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **6**
year **1948** hour **7:30** minute **A** M.
21. I hereby certify that I attended the deceased from **8-2**
1948, to **8-2**, **1948**
that I last saw him alive on **8-2**, **1948**
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion
Due to **Anginal pectoris**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations **AKU**
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 **E. D. Jones** (M.D. or other) **8-2-48**
Address **Joplin, Mo** Date signed

RECEIVED
District Health Officer No. *Walter S. Smith Grant*
Register File Number *818-357*
Date Filed *Aug 16, 1948*

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 *F. M. Jones*

Licensed Embalmer No. *2349*

P. O. Address *Joplin 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.