S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 8 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30304

Registration District No. 180 — Primary Registration District No. 5673 — Registrar's No. 70

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

1. PLACE OF DEATH:

(a) County LINCOLN

(b) City or town RURAL - MONROE TWSHP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3 MILE WEST OF OLD MONROE /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN 57

(c) City or town RURAL
(If outside city or town limits write "RURAL")

(d) Street No. 5 MILE WEST OF ELSBERRY
(If rural, give location)

(e) If foreign born, how long in U. S. A.? NO years.

3. (a) PRINT FULL NAME JAMES EPHRIAM DAVIS

3. (b) If veteran, name war NO

3. (c) Social Security No. 498-07-3463

4. Sex MALE 0

5. Color or race W

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ /

6. (b) Name of husband or wife JESSIE BELLE DAVIS

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased AUG. (Month) 21 (Day) 1911 (Year)

8. AGE:

Years	Months	Days	If less than one day
37	1	2	____ hr. ____ min.

9. Birthplace LINCOLN CO. (City, town, or county) MO. (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business

FATHER
12. Name JOHN DAVIS
13. Birthplace Lincoln Co. (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name MARY HOPKINS
15. Birthplace Lincoln Co. (City, town, or county) MO. (State or foreign country)

16. (a) Informant ELMER DAVIS
(b) Address ELSBERRY, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation NEW HOPE CEMETERY

18. (a) Signature of funeral director [signature]
(b) Address ELSBERRY, MO.

19. (a) 9-25-48 (Date received local registrar) (b) [signature] (Registrar's signature) 163

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 23 year 1948 hour 8 minute A 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.

	Duration
Immediate cause of death: Coronary thrombosis	
Due to	
Due to	
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? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature [signature] (M. D. or other)
Address Troy, Mo. Acting Corner Date signed 9/23/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
OCT 8 1948
Date Filed

SEP 2 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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.