. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35491

State File No.

Registration District No. 2 Primary Registration District No. 4005 Registrar's No. 288

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Rosendale (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 68 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2

(c) City or town Rosendale 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Madison Davis

3. (b) If veteran, name war

3. (c) Social Security No. no.

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife deceased

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

7. Birth date of deceased Jan. (Month) 12 (Day) 1860 (Year)

8. AGE: Years 88 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Rosendale (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation farmer

11. Industry or business "

FATHER
12. Name Grandville W. Davis /
13. Birthplace Joneville (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Catherine Crawford
15. Birthplace Sunwrset (City, town, or county) Kentucky / (State or foreign country)

16. (a) Informant Mrs. C. J. Watts

(b) Address Rosendale - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-48 (Month) (Day) (Year)

(c) Place: burial or cremation Savannah Cem - Savannah Mo.

18. (a) Signature of funeral director G. M. Atchison

(b) Address Maryville - Mo.

19. (a) 11-22-48 (Date received local registrar) Lillian Sparks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17 year 1948 hour 7 minute 00A M.

21. I hereby certify that I attended the deceased from Aug 1948 1948 to Nov 17 1948 that I last saw him alive on Nov. 16 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration

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) none

(b) Date of occurrence none

(c) Where did injury occur? none (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 0

23. Signature V. Wilson MD (M. D. or other)

Address Rosendale Mo Date signed 11/19/48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Lawrence J. Thompson, Registered Apprentice No. 266, working under my personal supervision.

Signed G M Atkinson

Licensed Embalmer No. 3379

P. O. Address Maryville, 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.