No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 13 1948

Registration District No. 184

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3032

State File No. 37180

Registrar's No. 128

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Warrensburg Clinic & Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days)
In this community: 60 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Johnson 51
(c) City or town: Warrensburg 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 300 Grover St. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Isa M Davis
3. (b) If veteran, name war: no
3. (c) Social Security No.: no

4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: John Davis
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: Oct (Month) 9 (Day) 1852 (Year)

8. AGE: Years	Months	Days	If less than one day
96	1	18	hr. min.

9. Birthplace: Polk Co. (City, town, or county) Missouri (State or foreign country) U
10. Usual occupation:
11. Industry or business: Retired
FATHER
12. Name: John T Hunt
13. Birthplace: UnKnown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Catherine Arnold
15. Birthplace: Unkown (City, town, or county) (State or foreign country)
16. (a) Informant: Luther Hunt
(b) Address: Clinton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Hill
18. (a) Signature of funeral director: Sweeney Phillips
(b) Address: Warrensburg Mo.
19. (a) 11-28-1948 (Date received local registrar) (b) [illegible] (Registrar's signature) 147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27 year 1948 hour 9 minute 40 A.M.
21. I hereby certify that I attended the deceased from June 1948, 19..., to 11-27-48, 19...; that I last saw h. alive on 11-27-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Myocarditis	—
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 93P
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: R. F. McKinney (M. D. or other) MD
Address: Warrensburg Mo. Date signed 11-29-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 J Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.