FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39231

FILED DEC 16 1948

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 362

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 Months (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville (If outside city or town limits, write "RURAL")
(d) Street No.: 414 E. Harrison St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ROBERT BRUCE 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: widowed
6. (b) Name of husband or wife: Flora Davis
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: February (Month) 6 (Day) 1859 (Year)

8. AGE: Years 89 Months 9 Days 29 If less than one day: hr. min.

9. Birthplace: New Boston (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired merchant
11. Industry or business:
FATHER
12. Name: Marshall Davis
13. Birthplace: Spottsylvania County (City, town, or county) Va. (State or foreign country)
MOTHER
14. Maiden name: Mary Nickerson
15. Birthplace: Madison County (City, town, or county) Ky. (State or foreign country)
16. (a) Informant: Mrs. Laura Sneed
(b) Address: Kirksville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Park Cemet.
18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Kirksville, Mo.
19. (a) 12-8-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5 year 1948 hour 1 47 minute P. M.
21. I hereby certify that I attended the deceased from March 9, 1948, to Dec. 5, 1948, that I last saw him alive on December 5, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive cardiac failure with assoc. pulmonary edema.	
Due to: General debility.	
Due to: Senility.	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
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: John R. Rodenick, M.D. or other) D.O.
Address: Laughlin Hosp. & Clinic Kirksville, Mo. Date signed 12-8-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 16
District File Number 12-48-2
Date Filed DEC 13 1968

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, [redacted]y.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Kirksville, 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.