S. No. 2
M—5-43
5-17-39
X36671

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

40630

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 115

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 127 E. Locust St.
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. 127 East Locust St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN WILLIAM DAVIS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary J. Davis
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased July (Month) 3 (Day) 1855 (Year)

8. AGE: Years 93 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Ruben T. Davis
13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Davidson
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Lynn Davis
(b) Address Aurora, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/49 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park, Aurora, Mo.
18. (a) Signature of funeral director [signature]
(b) Address Aurora, Mo.
19. (a) Jan. 1-49 (Date received local registrar) (b) Ora McNatt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1948 hour 10 minute 00 a M.
21. I hereby certify that I attended the deceased from Aug 4, 1948, to 12-30, 1948
that I last saw him alive on 12-29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 2 day
Due to
Due to
Other conditions Epithelioma
(Include pregnancy within 3 months of death)
Major findings: Of operations left hand
Of autopsy 55 E

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.)
Address Aurora, Mo Date signed 12/30/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 149-7
Date Filed 1-5-49

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 ..... Lewis King .....

Licensed Embalmer No. 3529

P. O. Address Aurora, 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.