

AUG 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25688
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 334
(b) Township Sedberry Primary Registration District No. 4197 Registered No. 40
(c) City Sedberry (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Andrew Jackson Davis
(a) Residence, No. Bethany Mrs St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Louisa Davis Dec.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-1-1846

7. AGE YEARS 92 MONTHS 8 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co., Mo.13. NAME Joseph Davis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know15. MAIDEN NAME Irene Lee16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know17. INFORMANT (ADDRESS) Bethany Mrs18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE 7-11-3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm Fears Hart
Bethany Mrs20. FILED 7-12-39 A. L. Westling Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10-39

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1939, to July 10, 1939.
I last saw him alive on July 9, 1939. Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhagia
- apoplexy.
due to old age.

Date of onset
5/15/39Other contributory causes of importance: 92k

Name of operation _____ Date of _____

What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) R. St. Beets D.D.362 (Address) Indigeway MO

RECEIVED

District Health Officer No. 11,

District File Number

839-975

Date Filed

AUG 5 1939

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. 1078

P. O. Address Bethany, 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, above space should be left blank.