

Registration District No.

2934 FEB 13 1940

Primary Registration District No.

4179

Registrar's No.

56

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town Sullivan, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
At Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community All his life
 years, months or days

3. (a) PRINT FULL NAME James W. Davis, 120
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Eugenia Davis,
 alive _____ years
 6. (c) Age of husband or wife If _____ years
 7. Birth date of deceased Oct. 19th. 1887,
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 52 | 2 | 12 | hr. _____ min. |

9. Birthplace Hofflin, Missouri, 0
 (City, town, or county) (State or foreign country)
 10. Usual occupation Chief Of Police, 0

11. Industry or business

MOTHER FATHER
 12. Name Louis Davis, D
 13. Birthplace Missouri,
 (City, town, or county) (State or foreign country)
 14. Maiden name Mahala Parsons,
 (City, town, or county) (State or foreign country)
 15. Birthplace Missouri,
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eugenia Davis
 (b) Address Sullivan, Mo.
 17. (a) Burial (b) Date thereof Feb. 4, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director J. S. Williams
 (b) Address Sullivan, Mo.
 19. (a) 1-3-40 (b) Contractor
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Franklin
 (c) City or town Sullivan
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
 year 1940 hour 9 minute 5 P. M.
 21. I hereby certify that I attended the deceased from 1-1-40
1-1- 1940 to 1-1- 1940;
 that I last saw him alive on 1-1-40, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis
 Due to _____
 Due to _____
 Other conditions None
 (Include pregnancy within 3 months of death)

Duration

9 hours

Major findings:

Of operations None
 Of autopsy None
 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?

While at work? _____ (Specify type of place)
 (a) Means of injury _____
 23. Signature J. A. Roeder (M. D. certifier)
 Address Sullivan Mo Date signed 1-3-40

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.....

P. O. Address.....

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.