S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25998

EP JUL 22 1940

Registration District No. 677 Primary Registration District No. 5901 Registrar's No. 83

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

1. PLACE OF DEATH:
(a) County Phelps R. Ill
(b) City or town Rolla Route 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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, months or days) 120

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Phelps
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rolla #2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John R. Davis
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 6 (Day) 1847 (Year)

8. AGE: Years 82 Months 8 Days 25 If less than one day hr. min.
9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name Ben Davis
13. Birthplace (City, town, or county) Ky (State or foreign country)
MOTHER 14. Maiden name Polly Workman
15. Birthplace (City, town, or county) Ky (State or foreign country)
16. (a) Informant Mrs Robert Hanse
(b) Address Rolla Mo Gen Dely
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Hanse Glen
18. (a) Signature of funeral director Nuel Eden
(b) Address Rolla Mo
19. (a) July 2, 1940 (Date received local registrar) (b) Jos. F. Ayers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1940 hour 2 minute P M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on July 1, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death aortic stenosis	
Due to	
Due to 92	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy	

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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
(e) While at work? no (e) Means of injury no
23. Signature Orel Tickleber (M. D. or other) Coroner
Address St James Mo Date signed 7-2-40

(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.

RECEIVED

District Health Officer No. 5,

District File Number 740 789

Date Filed 72240

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.