

FILED AUG 13 1942  
175  
467

State File No. \_\_\_\_\_

Registration District No. 467

Primary Registration District No. 4280

Registrar's No. 93

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

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:  
Aurora Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital 8 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_

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. 202 West Myrtle St  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jessie Owen 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 Married

6. (b) Name of husband or wife Lydia Davis 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased J. anuary 7 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>6</u>	<u>12</u>	_____ hr. _____ min.

9. Birthplace Shelbyville Tenn,  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Thomas Davis

13. Birthplace ? Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Phillips

15. Birthplace ? Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lydia Davis

(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 7/21/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville Mo.

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo.

19. (a) July 20, 1942 (b) James Bruce by Mrs.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19  
year 1942 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from July 6  
1942 to July 19, 1942  
that I last saw h. im alive on July 19, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death ech myocardial ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 93d  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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)  
\_\_\_\_\_ (e) Means of injury

23. Signature R. J. Brown (M. D. or other)

Address Aurora, Mo. Date signed 7/20/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 842-1098

Date Filed AUG 11 1942

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PI  
PI

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 Herman M. Surridge

Licensed Embalmer No. 3072

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.