

1. PLACE OF DEATH:

(a) County: Randolph
(b) City or town: Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Moberly (b) County: Randolph
(c) City or town: Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 831 Bond St
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Joseph Davis

3. (b) If veteran, name war..... 3. (c) Social Security No. Trying to get no

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Jessie Davis 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased: Nov 12 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 0 5 hr. min.

9. Birthplace: Mo O
(City, town, or county) (State or foreign country)

10. Usual occupation: laborer

11. Industry or business: Pando Constructors

12. Name: John D. Davis Pando. Colo

13. Birthplace: Wales
(City, town, or county) (State or foreign country)

14. Maiden name: Evudence Bailey
(City, town, or county) (State or foreign country)

15. Birthplace: England
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Jessie Davis

(b) Address: Moberly Mo

17. (a) Burial (b) Date thereof: Nov 20 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Huntsville. Mo

18. (a) Signature of funeral director: Mahan and Son

(b) Address: Moberly Mo

19. (a) Nov. 18-42 (b) Anna Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 17
year: 1942 hour: 11 minutes: 25 P.M.

21. I hereby certify that I attended the deceased from Nov. 14 1942 to 11-17 1942
that I last saw him alive on 11-17 1942
and that death occurred on the date and hour stated above.
Immediate cause of death: Broncho pneumonia Duration: 2 ds.

Due to.....

Due to.....

Other conditions: 107
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

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).....

(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: A. L. McCormick (M. D. or other) M.D.

Address: Moberly Date signed: 11-17-42

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

DEC 3 - 1942

RECEIVED

Health Officer No. 10

File Number 11-42-3038

NOV 28 1942

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 *Frank S. Gault*

Licensed Embalmer No. 3021

P. O. Address *Moberly 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.