

FILED JAN 13 1943

Registration District No.

Primary Registration District No. 3000

Registrar's No. 345

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
402 Nn Frankland St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 vr.
(Specify whether years, months or days)

In this community 60 vr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirkville
(If outside city or town limits, write "RURAL")

(d) Street No. 402 North Franklin St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Thomas F. Davis

3. (b) If veteran, name war no,

3. (c) Social Security No. none

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ada Bell Davis

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 13, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	8	26	hr. min.

9. Birthplace unknown Ohio /
(City, town, or county) (State or foreign country)

10. Usual occupation Day Labor

11. Industry or business

MOTHER FATHER { 12. Name Unknown

{ 13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name unknown

{ 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ada Bell Davis

(b) Address Kansas Citv, Mo.

17. (a) burial (b) Date thereof 1-5-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilsontown Cemt.

18. (a) Signature of funeral director Seckler

(b) Address Kirkville Mo.

19. (a) Jan. 4, 1943 (b) Mrs. J. Wazure
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased Jan 2
1943, 1943, to Jan 2, 1943;
that I last saw him alive on Jan 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris

Due to Angina pectoris

Due to Angina pectoris

Other conditions Angina pectoris
(Include pregnancy within 3 months of death)

Major findings:
Of operations Angina pectoris

Of autopsy Angina pectoris

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

(a) Accident, suicide, or homicide (specify) Angina pectoris

(b) Date of occurrence Jan 2, 1943

(c) Where did injury occur? Wilsontown Cemt.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work Wilsontown Cemt. (Specify type of place)
(e) Means of injury Angina pectoris

23. Signature L. B. Farrington (M.D. or other)
Address 527 N. Bellvue Date signed 1-4-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

one

8

RECEIVED

District Health Officer No. 10

District File Number 10-42-93

Date Filed JAN-11-1943

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..... *D. W. Riley*.....

Licensed Embalmer No. 4181.....

P. O. Address..... Kirkaville 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.