

State File No.

Registrar's No. 4

REG JAN 19 1943 59

Registration District No. 59

Primary Registration District No. 4097

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 57 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN A. 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 Eva B Davis 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Jan 9 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 28 If less than one day hr. min.

9. Birthplace Lomax Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business

12. Name John A Davis
13. Birthplace Lomax Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Hennetta Tibby
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Martha E. Tibby

(b) Address Harrisonville Mo.

17. (a) burial (b) Date thereof Jan 9-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO.

19. (a) Jan. 9, 1943 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town Harrisonville
(If outside city or town limits, write "RURAL.")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1943 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from December 30, 1942, to January 7, 1943.
that I last saw him alive on Jan 7, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 15 min.

Due to gfa

Due to gfa

Other conditions (Includes 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).....
(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 Dr. C. Everett (M. D. or other) Dr.
Address Harrisonville, Mo. Date signed 1-9-43

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

MOTHER FATHER

1047

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

Ernest Rummelburger

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville 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.