

1. PLACE OF DEATH:

(a) County Harrison  
(b) City or town Blythesdale  
(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 see his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison  
(c) City or town Blythesdale  
(If outside city or town limits, write "RURAL")  
(d) Street No. ✓ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22  
year 1943 hour 1 minute 30 A.M.  
21. I hereby certify that I attended the deceased from Sept 1  
1942 to Feb 22 1943;  
that I last saw him alive on Feb 21, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Intestinal Obstruction / 1 wk  
Due to Carcinoma of large bowel  
Due to \_\_\_\_\_

Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: He ✓

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)  
(a) Means of injury \_\_\_\_\_

23. Signature James B. Hyatt (M.D. or other) D.D.  
Address Blythesdale Mo. Date signed 2-24-43

3. (a) PRINT FULL NAME John Albert 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 Effie Davis  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased 3 (Month) 1 (Day) 1875 (Year)

8. AGE: Years 67 Months 11 Days 21  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Harrison Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farm hand

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

12. Name John Davis  
13. Birthplace Do not know U.S.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Wright  
15. Birthplace Do not know  
(City, town, or county) (State or foreign country)

16. (a) Informant Effie Davis  
(b) Address Blythesdale Mo

17. (a) (Burial, cremation, or removal) burial (b) Date thereof 2-24-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Blythesdale Mo

18. (a) Signature of funeral director J. W. Adams  
(b) Address Blythesdale Mo

19. (a) Feb. 28 1943 (b) S. P. Shaw  
(Date received local registrar) (Registrar's signature)

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

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**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..... *S. M. Hood*.....

Licensed Embalmer No. *1078*

P. O. Address *Bethany 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.**