

FILED MAY 8 1943

Registration District No. **75**

Primary Registration District No. **2301**

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

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1. PLACE OF DEATH:

(a) County **Clinton**

(b) City or town **Shoal Twp. Rural**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days **xxx**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clinton**

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

(d) Street No. **Shoal Twp.** (If rural, give location)

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

If yes, name country **xxxx**

3. (a) PRINT FULL NAME **John E. 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 **Ernestine K. Davis**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **March 8 1865**
(Month) (Day) (Year)

8. AGE: Years **78** Months **0** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace **Marrow Co. OHIO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Agriculture**

MOTHER FATHER { 12. Name **George Davis**

13. Birthplace **Clarksburg, W. Va.**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah E. Orr**

15. Birthplace **Marion Co. Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. John E. Davis**

(b) Address **Cameron, Mo. Rural**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Apri 1st, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Graceland Cem. Cameron Mo.**

18. (a) Signature of funeral director **O. Moore**

(b) Address **Cameron, Mo.**

19. (a) **Apr 1, 1943** (Date received local registrar)

(b) **Mrs. Nathaniel Harris** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **29th.**
year **1943** hour **3** minute **30** P. M.

21. I hereby certify that I attended the deceased from **March 29 1943** to **March 29 1943** that I last saw him alive on **March 29 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Regeneration**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

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. O. Gilliland** (M. D. or other)

Address **Cameron, Mo.** Date signed **March 30 1943**

1086

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.....

O. Moore

Licensed Embalmer No.

1180

P. O. Address.....

Cameron, 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.