

LED JAN 14 1944
Registration District No. 132

Primary Registration District No. 5479

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

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Brimson Mo Harrison Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
no street numbers
(If not in hospital or institution, write street number or location)

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

In this community 86-5-16 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Grundy ⁴¹⁰

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

(d) Street No. no street numbers
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOHN FRANKLIN DAVIS

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex m 5. Color or race W

6. (a) Single, widowed, married, 2 divorced

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 4 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 5 16 hr. min.

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

10. Usual occupation farmer

11. Industry or business Farm

12. Name James A. Davis

13. Birthplace State of Virginia (City, town, or county) (State or foreign country)

14. Maiden name Rebecca Gray

15. Birthplace State of Indiana (City, town, or county) (State or foreign country)

16. (a) Informant J. Lewis Davis

(b) Address 1110

17. (a) burial (b) Date thereof Nov 22 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coan Creek Cemetery

18. (a) Signature of funeral director W. O. Haines

(b) Address Wilmans City Mo

19. (a) 12-7-43 (b) L. Roberto
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 20
year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from NOV 16 1943 to NOV 20 1943
that I last saw him alive on NOV 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 da.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: gza

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 J. C. WALKER (M.D. or other) 2 DO.
Address WILMAN CITY MO Date signed NOV 22

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.....

W.D. Haines

Registered Apprentice No.....

working under my personal supervision:

Signed.....

W.D. Haines

Licensed Embalmer No. *942*

P. O. Address *Bilman City, Me.*

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.