

FILED DEC 17 1943

Registration District No. 25

Primary Registration District No. 6203

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Current Typ
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
(Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dexas ¹⁰⁷
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Jasper Newton Davis

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, Divorced, widowed

6. (b) Name of husband or wife Marinda Cook 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Nov 14 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 5 12 hr. min.

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

10. Usual occupation farmer

11. Industry or business X

MOTHER FATHER { 12. Name X 9.

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

14. Maiden name X

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

16. (a) Informant Mr Otto Davis

(b) Address Salem Mo

17. (a) burial (b) Date thereof 4/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashey Cem

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 4-29-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1943 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 4-24-43
19 to 4-26-43 19;
that I last saw h. w alive on 4-25-43 19;
and that death occurred on the date and hour stated above.

Immediate cause of death
Central hemorrhage
arteriosclerosis
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings: [Signature]
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) (c) Means of injury
23. Signature [Signature] (M. D. or other) DO
Address Salem, Mo Date signed 4-29-43

Duration

2 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Carl H. Spitzer

Licensed Embalmer No.....

8370

P. O. Address.....

Salem, 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.

Registration District No. *305*

Primary Registration District No. *6203*

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

1. PLACE OF DEATH:

(a) County... *Texas*

(b) City or town... *Current Sup.*

(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 _____ (Specify whether _____)

3. (a) PRINT FULL NAME *Jasper Newton Davis*

3. (b) If veteran, name was _____

3. (c) Social Security No. _____

4. Sex *m* 5. Color or race *w*

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: *Nov. 14 1904*

(Month) (Day) (Year)

8. AGE: Years *84* Months *0* Days _____ (Unless than one day) min.

9. Birthplace _____ (City, town, or county) (State or foreign country) *Mo.*

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant *Mrs Otto Davis*

(b) Address *Salem Mo*

17. (a) *burial* (b) Date thereof *4/30/43*

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *ashley Dr*

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) *Dec 15 43* (b) *Thad Paul Kelly*

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo.* (b) County *Texas*

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *April* Day *6*

Year *1942* Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____

that I have seen him/her alive on _____ 19____

and that death occurred on the date and hour stated above.

Immediate cause of death *arterial hemorrhage*

Due to _____

Due to *arteriosclerosis*

Other conditions (Include 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 _____

Signature *Salem Mo* (M. D. or other) *D.O.*

Address _____ Date signed _____

SUPPLEMENTARY

MOTHER FATHER

5-44038