

FILED FEB 10 1945 128

Registration District No. 128 Primary Registration District No. 5466

Registrar's No. 100

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Road, S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township.)
(c) Name of hospital or institution Route #8
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Greene
(c) City or town Road, S. Campbell Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. Route #8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY Day 26
year 1944 hour 1:10 minute 10 P M
21. I hereby certify that I attended the deceased from Unattended by Physician 19____
and that death occurred on the date and hour stated above. 19____

Immediate cause of death Probably Coronary occlusion Duration _____
Due to Arterio Sclerosis

Other conditions _____
(Include pregnancy within 3 months of death) 9/4

Major findings: _____
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) _____
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 W. Handley Local Registrar
(M. D. or other)
Address Springfield MO Date signed 1/27/45

3. (a) PRINT FULL NAME

JAMES ROBERT DAVIS

3. (b) If veteran, name war UNK. 3. (c) Social Security No. 491-05-3138

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife UNK. 6. (c) Age of husband or wife if alive UNK. years

7. Birth date of deceased 3 18 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 8
If less than one day _____ hr. _____ min.

9. Birthplace Springfield MO
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name NORMAN Phylander Davis

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

14. Maiden name MARY E TADLOCK

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

16. (a) Informant NOAILE E Miller

(b) Address 903 N KANSAS Spfld MO

17. (a) Burial (b) Date thereof 1-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Ered C. Philling

(b) Address 1100 Bonville Ave., Spfld. MO
19. (a) 1-28-44 (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

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

26390

988

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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 Fred C. Pieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.

J