

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Seneca
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 13 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Seneca 4
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS JEROME DAVIS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 8
year 1944 hour 12- minute 45 P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wenona J. Davis 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 5 1875 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 15 1944 to June 8 1944
that I last saw him alive on June 8 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 1 Days 3 If less than one day _____ hr. _____ min.

Immediate cause of death apoplexy
Hypertension
Due to _____
Due to _____

9. Birthplace Wenona Co. Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Common Laborer

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

11. Industry or business
12. Name John Davis
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Martha Polson
15. Birthplace Unknown (City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant Mrs. Martha Reese
(b) Address Seneca Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-44 (Month) (Day) (Year)
(c) Place: burial or cremation Burgerson Cemetery
18. (a) Signature of funeral director W. H. Burdette
(b) Address Seneca Mo.
19. (a) June 22 1944 (Date received local registrar) (b) Nettie Norris (Registrar's signature)

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 W. H. Burdette (M. D. or other) 6-16-44
Address Seneca Mo. Date signed _____

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

340

RECEIVED July 3
District Health Officer No. 744-133
District File Number 744-1944
Date filed July 2, 1944

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 W. T. Buzzard
Licensed Embalmer No. 2334
P. O. Address Seneca 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.