No. 2
—2-43
5-17-39
X35697

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

Cunningham

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6714

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike Co. Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lincoln 57
(c) City or town Corsa 0
(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

3. (a) PRINT FULL NAME Thomas Jefferson Davis
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 2 (Day) 1873 (Year)

8. AGE: Years 73 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Olney (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Jonathan Davis
13. Birthplace Mo. 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Jane Parsons
15. Birthplace Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Thomas Davis
(b) Address Corsa Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/46 (Month) (Day) (Year)
(c) Place: burial or cremation Olney Cem.
18. (a) Signature of funeral director Wayne McCoy
(b) Address Troy, Mo.
19. (a) 1/14/46 (Date received local registrar) (b) Margaret E. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 13 year 1946 hour 11 minute 58 M.
21. I hereby certify that I attended the deceased from 12-24 1945 to 1-13 1946 that I last saw him alive on 1-13 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to: Post Influenza —	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: None 92d
Of autopsy: None

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) None
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work (e) Means of injury No 0
23. Signature [illegible] (M. D.)
Address Louisiana, Mo. Date signed 1-15-46

255

(Licensed Embalmer's Statement on Reverse Side)

APR 10 19[illegible]

RECEIVED
District Health Officer No. 10
District File Number 2-46-316
Date Filed FEB 28 1946

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 George O. Wagner, Registered Apprentice No. ..... working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.