

**FILED** MAR 28 1946

Registration District No. **59**

Primary Registration District No. **4095**

Registrar's No. **41**

1. PLACE OF DEATH:

(a) County **Cass.**  
(b) City or town **Drexel.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Not in hospital. At home.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Does not apply.**  
(Specify whether  
In this community **53 years.**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **Cass.**  
(c) City or town **Drexel.**  
(If outside city or town limits, write "RURAL")  
(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 **JOSEPH HENRY DAVIS.**

3. (b) If veteran, name war **none.** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Blanche S. Davis.** 6. (c) Age of husband or wife if alive **70** years  
7. Birth date of deceased **October, 25th, 1869.**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **4** Days **11** If less than one day  
hr. min.

9. Birthplace **Greenfield, Indiana.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Lumberman-Merchant.**

11. Industry or business **Retired.**

MOTHER FATHER { 12. Name **Newton Davis.**  
13. Birthplace **Indiana.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lucinda Bennett**  
15. Birthplace **Indiana.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Blanche S. Davis,**

(b) Address **Drexel, Missouri.**

17. (a) **Burial.** (b) Date thereof **3/8/1946.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sharon Cemetery.**

18. (c) Signature of funeral director **[Signature]**

(b) Address **Drexel, Missouri.**

19. (a) **3/7/46.** (b) **Laura J. Jones.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March,** day **6th,**  
year **1946** hour **7** minute **00 A.** M.

21. I hereby certify that I attended the deceased from **Feb 28-46**  
19\_\_\_\_ to **March 6** 19**46**  
that I last saw ~~him~~ alive on **March 3** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **7 days**

Due to **arterio-sclerosis** ?

Due to \_\_\_\_\_

Other conditions **Cerebral hemorrhage 6 yrs**  
(Include pregnancy within 3 months of death) **partial recovery**

Major findings:  
Of operations **[Signature]**  
Of autopsy **[Signature]**

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 **A.C. Lowe** (M. D. or R.N.)  
Address **Paola, Kansas** Date signed **3/7/46**

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

17711

JUL 11 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, personally,  
....., Registered Apprentice No. ....  
~~working under my personal supervision.~~

Signed..... [Signature]  
Licensed Embalmer No. 1950  
P. O. Address..... Drapel 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.