

No. 2
1-2-43
5-17-39
X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED APR 22 1946 STANDARD CERTIFICATE OF DEATH

State File No. 13096

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1736

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day
(Specify whether)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON #8

(c) City or town Kennett, Mo. (If outside city or town limits, write "RURAL") 5

(d) Street No. 1526 Euclid 8
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME THOMAS EVOY DAVIS

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10
year 1946 hour 6 minute 55 P. M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw _____ alive on _____
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race NEGRO

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 12 (Month) 10 (Day) 1936 (Year)

Immediate cause of death: Brain hemorrhage

Due to: Skull fracture

Due to: fracture femur

8. AGE: Years 9 Months 4 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Nashville, KY (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation NONE

Other conditions same as above
(Include pregnancy within 6 months of death)

Major findings: Auto - Pedestrian

Of operations auto & pedestrian

Of autopsy No - Permit 8
170 21

MOTHER FATHER

11. Industry or business _____

12. Name HARRY LEE DAVIS

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

14. Maiden name WILMA MAITISBS

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

16. (a) Informant HARRY LEE DAVIS

(b) Address 1526 Euclid

17. (a) Removal (b) Date thereof 4-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville Tenn

18. (a) Signature of funeral director William + Green

(b) Address 1819 E. 15th St. KC Mo

19. (a) 4-13-46 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 4/10/46 12.3

(c) Where did injury occur? Kennett - Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
1917-E-163 St (Specify type of place) Deputy
While at work? (e) Means of injury Car

Signature W. Williams (M.-D. or other) _____
Address 2636 Brooklyn Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

4-12-46

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.....

W. G. Johnson

Licensed Embalmer No.....

4383

P. O. Address.....

1819 E. 15th St. Keokuk, Ia

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.