

FILED JUN 10 1946

Registration District No. 291

Primary Registration District No. 5996 4433

Registrar's No. 34

1. PLACE OF DEATH:

(a) County PUTNAM
(b) City or town UNIONVILLE Union
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community LIFE TIME
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM 86
(c) City or town UNIONVILLE
(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 HARLIN THOMAS DAVIS

3. (b) If veteran, name war _____ 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 IDA DAVIS 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased SEPT - 27 - 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 20 hr. _____ min. (If less than one day)

9. Birthplace Putnam County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

MOTHER, FATHER { 12. Name THOMAS JASPER DAVIS
13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name MILLIE BELL
15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. T. Davis

(b) Address Unionville, Mo.

17. (a) BURIAL (b) Date thereof APRIL 21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNIONVILLE SEMETERY

18. (a) Signature of funeral director Sam Stoll FUNERAL HOME

(b) Address Unionville, Mo. by J. W. Comstock

19. (a) 5-7-46 (b) Marcell Durbin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 17
year 1946 hour 7 minute 15 p.m.

21. I hereby certify that I attended the deceased from May 1942 to April 17 1946
that I last saw him alive on May April 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver
Duration 3 years

Due to _____
Due to _____

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

Major findings: Of operations 46/8
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:

(c) 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? _____

(Specify type of place) _____
While at work (e) Means of injury _____
23. Signature Chas. L. Gadd (M. D. or other) Dr.
Address Unionville, Mo. Date signed 4-18-46

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

10010

RECEIVED

District Health Officer No. 10

District File Number 6-46-1085

Date Filed JUN 6 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

James W. Constock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.