

S. No. 2  
DM-5-43  
v. 5-17-39  
1 X36871

State File No. 26038  
Registrar's No. 94

**FILED** JUL 26 1946  
Registration District No. 360

Primary Registration District No. 3076

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
668  
1  
2  
24834

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:  
in S. Y. M. Cafe (Ketchikan)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

(c) City or town Neuada  
(If outside city or town limits, write "RURAL")

(d) Street No. 528. S. Yuma  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James H. Davis

3. (b) If veteran, name and war no

3. (c) Social Security No. 492-20-6481

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 12  
year 46 hour 2 minute 30P.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Blk.

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

6. (b) Name of husband or wife Margitt Davis

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 19, 1877  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

69 5 24 hr. min.

Due to Cerebral Hemorrhage

9. Birthplace Smith Grove Ky  
(City, town, or county) (State or foreign country)

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

Other conditions \_\_\_\_\_

10. Usual occupation Janitor

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Of autopsy no

12. Name Ruben Davis

13. Birthplace Unknown 4  
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name Patley

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. James H. Davis

(b) Address Neuada, Mo.

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

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

17. (a) Burial (b) Date thereof 7-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerwood Cem.

(b) Date of occurrence July 12, 1946

(c) Where did injury occur \_\_\_\_\_  
(City or town) (County) (State)

18. (a) Signature of funeral director Walter J. Jensen

(b) Address Neuada, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

19. (a) 7-16-46 (b) Nathryn Jansen  
(Date received local registrar) (Registrar's signature)

23. Signature Walter J. Jensen (M. D. or other) \_\_\_\_\_

Address Neuada, Mo. Date signed 7-15-46

6-46-769  
7-23-46

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**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.....*Mark Eichinger*.....  
Licensed Embalmer No.....*2056*.....  
P. O. Address.....*Nevada, 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.