

FILED JAN 7 1947

State File No. _____

Registration District No. 327

Primary Registration District No. 6146

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Shelby County
 (b) City or town Leonard, Mo. Rural
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 In this community Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
 (c) City or town Leonard, Mo. Rural
 (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 Thomas Jefferson Davis

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Nettie Ellen 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased March 18th 1962
 (Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Banker

11. Industry or business _____

12. Name John J. Davis

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

14. Maiden name Emeline Bell

15. Birthplace Shelby County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Erwin Davis

(b) Address Leonard, Mo.

17. (a) Burial (b) Date thereof 1-2-1947
 (Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Cheery Box Cemetery

18. (a) Signature of funeral director Million & Barkelew
 (b) Address Shelbina, Mo.

19. (a) Dec 31-46 (b) Ruth Jaynes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th
 year 1946 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Dec 25
1946 to Dec 30 1946
 that I last saw him alive on Dec 30 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 2 days

Due to Hypertension + Chronic Nephritis

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

Major findings: 131
 7. Of operations _____
 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:
 (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 2

23. Signature J. H. Dimpson (M. D. or other) DO
 Address Shelbina Mo Date signed Jan 5 1947

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

42033

RECEIVED
District Health Officer No. 10
1-47-47
JAN - 6 1947

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 EW Hawkins
.....
- Licensed Embalmer No. 3498
P. O. Address Helena 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.