

FILED APR 8 1947

Registration District No. 25

Primary Registration District No. 5093

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Bates

(b) City or town RFD 4 Butler, New Home Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____
In this community Since March 1929 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town RFD 4 Butler
(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 Moses DAVIS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1947 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____
Dead on Arrival _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex MD 5. Color or race W

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

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased October 11 1981
(Month) (Day) (Year)

Immediate cause of death Acute Pneumonia Lobar

Duration _____

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

65 5 13 _____ hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace McPherson Co. Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: Of operations _____

Of autopsy 100

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name James Davis

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

14. Maiden name Lorraine Tegler

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

16. (a) Informant Wife

(b) Address RFD 4 Butler, Missouri

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

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

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof March 27, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Hills KC

(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? _____

18. (a) Signature of funeral director Booth Funeral Home

(b) Address Butler, Missouri

19. (a) Mar 27 1947 (b) Miss Edna Douglas
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury Corner

23. Signature John J. Anderson (M. D. or other) _____
Address Butler Mo Date signed _____

RECEIVED
District Health Officer No. 7,
District File Number 8-47-368
Date Filed 4-5-47

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 John G. Anderson
Licensed Embalmer No. 3585
P. O. Address Butler 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.