

S. No. 2
DM-5-43
v. 5-17-39
I X36671

Registration District No. 59 Primary Registration District No. 5224 Registrar's No. 76

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

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Rural Grand River
(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. 3 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Cass
(c) City or town Rural Grand River, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mile South Harrisonville
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LUTHER BULE DAVIS
(b) If veteran, ✓ name war _____
(c) Social Security No. 895-01-146

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 21 year 1947 hour 2:30 P.M. M.
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 White 6. (a) Single ✓ Married ✓
(b) Name of husband or wife Ethel Irene Davis 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased. Dec 31 1902
(Month) (Day) (Year)

Immediate cause of death Curled Chisel Duration
Crack Skull Fracture
high left side skull upper
Due to maul injury lumber mill
maul
Due to _____

8. AGE: Years 45 Months 4 Days 21 If less than one day hr. min.
9. Birthplace Cass Co Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: 1860
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Mechanic
11. Industry or business United Brick & Tile Co
12. Name Redmond Davis
13. Birthplace Clay Co Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Victoria Davis
15. Birthplace Cedar Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Irene Davis
(b) Address Harrisonville Mo.
17. (a) Burial (Burial, cremation, or removal) Oakland Cemetery
(b) Date thereof May 23 1947
(Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO
19. May 23-1947 (Date received local registrar)
Laura J. Jones (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 19
(b) Date of occurrence 5-21-1947
(c) Where did injury occur? United Brick & Tile Co
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial plant
While at work? yes (Specify type of place) (e) Means of injury
E.M. Griffith (Signature) (M.D. or other)
Address Harrisonville Mo. (City or town) (County) (State)

JUN 6 1947

1947

JUN 3 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.....

Licensed Embalmer No. 3368

P. O. Address. Harrisonville, 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.