

S. No. 2  
1-12-45  
7-5-17-39  
P-1 X47070

**FILED JUL 8 1947**

Registration District No. 42

Primary Registration District No. 5129

Registrar's No. 802

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Agency Mo. Platte Twpsh.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Agency, Mo. R.F.D. #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan  
(c) City or town Agency R.F.D. #1 Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Platte Twpsh.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Raymond Wilbur 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 Louise Davis  
6. (c) Age of husband or wife if alive 33 years  
7. Birth date of deceased July 30 1908  
(Month) (Day) (Year)

8. AGE: Years 38 Months 10 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Grundy Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

MOTHER, FATHER {  
12. Name Clyde Davis  
13. Birthplace Grundy Co Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Bessie Findley  
15. Birthplace Grundy Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Louise Davis  
(b) Address Agency Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun 29 1947  
(Month) (Day) (Year)  
(c) Place: burial or cremation Frazier Cem

18. (a) Signature of funeral director H. A. Sullivan  
(b) Address Gower Mo

19. (a) June 30 1947 (b) C. B. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27  
year 1947 hour 9 minute 0 A.M.

21. I hereby certify that I attended the deceased from June 27th 1947 to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_

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

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

Other conditions 94A  
(Include pregnancy within 3 months of death)

Major findings:  
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)  
Means of injury Coroner

23. Signature B. W. Tadlock (M. D. or other) Coroner  
Address KING HILL EIDG Date signed 7/27/47

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

MAY 3 1991

---

---

**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 H. A. Sullivan

Licensed Embalmer No. 1738

P. O. Address Gowen, 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.**