No. 2
M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23258

Registration District No. 2 — Primary Registration District No. 2012 — Registrar's No. 183

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

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Empire Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(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 Missouri (b) County Buchanan
(c) City or town 2901 Olive
(If outside city or town limits, write "RURAL")
(d) Street No. St. Joseph
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Benjiman Franklin DAVIS
3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex M 2 — 5. Color or race W — 6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Julia DAVIS — 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased March (Month) 6 (Day) 1872 (Year)

8. AGE: Years 75 — Months 4 — Days — If less than one day ..... hr. ..... min.

9. Birthplace Andrew Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Retired Farmer
11. Industry or business .....
FATHER
12. Name Neuton Davis
13. Birthplace Un Known (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Un Known
15. Birthplace Un Known (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. Julia Davis
(b) Address 2901 Olive St St. Joseph
17. (a) B (Burial, cremation, or removal) (b) Date thereof 7-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah
18. (a) Signature of funeral director E. G. Breit
(b) Address Savannah Mo
19. (a) 7-8-47 (Date received local registrar) (b) Lillian Spark (Registrar's signature) 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 6 year 1947 hour 2 minute 30 p. M.
21. I hereby certify that I attended the deceased from ..... 19..... to 7-6 1947, that I last saw him alive on 7-6 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

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PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 3

23. Signature [signature] (M. D. or other) Acting Coroner
Address Savannah Mo Date signed 7-7-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 E. C. Breed

Licensed Embalmer No. 2650

P. O. Address Savannah 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.