

Registration District No. 375

Primary Registration District No. 6279

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Manfield - Rural - Barrenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 8 miles north of Manfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 16 yrs.
years, months or days (Specify, whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright 114
(c) City or town Manfield Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 miles north of Manfield
(If rural, give location)
(e) Citizen of foreign country? Mo. (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME JOHN ISAAC DAVIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex M. O 5. Color or race W.
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1 2 1931
(Month) (Day) (Year)

8. AGE: Years 16 Months 4 Days 29
If less than one day hr. _____ min. _____

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

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER { 12. Name Julian Davis
13. Birthplace Wright Co. Mo. O
(City, town, or county) (State or foreign country)
14. Maiden name Nada Laday
15. Birthplace Wright Co. Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Julian Davis
(b) Address Manfield Mo.

17. (a) Burial (b) Date thereof 6 4 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cem.

18. (a) Signature of funeral director Gene C. Halden
(b) Address Hartsville, Mo.

19. (a) June 21, 1947 (b) E. H. Harnes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 1
year 1947 hour 5:00 minute A. 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.

Immediate cause of death Heart Attack
Boy was dead when
9 arrived
Due to Arthritis

Duration

Several years

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 59 B
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 O

23. Signature J. A. Fuson (M. D. or other) _____
Address Manfield Mo. Date signed Jun 4-47

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

RECEIVED

District Health Officer No. 6,

District File Number: 747-786

Date Filed JUN 23 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

Gene E Holdren

Licensed Embalmer No. 3865

P. O. Address

Hartsville 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.