V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Dr. John Williams 30907

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1947

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30907

Primary Registration District No. 2000

Registrar's No. 788A

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. John Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 3

(c) City or town Rural - Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. 3, Springfield Mo.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Arthur A. Davis

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased September (Month) 14 (Day) 1874 (Year)

8. AGE: Years 72 | Months 11 | Days 23 | If less than one day hr. min.

9. Birthplace DeMonies (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Retired Rail Road

11. Industry or business R.R.

FATHER
12. Name Henry Davis
13. Birthplace ? (City, town, or county) Iowa (State or foreign country) 1

MOTHER
14. Maiden name Nancy Young
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. Elizabeth Davis
(b) Address Rt. 3 Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation Manley Cemetery

18. (a) Signature of funeral director J. W. Klingner
(b) Address Springfield Mo.

19. (a) 9-13-47 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7
year 1947 hour 9 minute 50a. M.

21. I hereby certify that I attended the deceased from Sept 6, 1947 to Sept 7, 1947
that I last saw him alive on Sept. 6, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Shock due to Nasal hemorrhage

Due to Spontaneous

Due to Hypertension

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations 3
10
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature John H. Williams (M. D. or other)
Address Med. Arts Bldg Spfg Mo Date signed 9-7-47.

(Licensed Embalmer's Statement on Reverse Side)

OCT 13 194

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.