

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 22 1948
Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:
719 1/2 W. Reed
(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 Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 719 1/2 W Reed St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry S. Davis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6th year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 4, 1947, to Jan 6, 1948.

that I last saw him im alive on Jan 4 and that death occurred on the date and hour stated above.

4. Sex male (5. Color or race White)

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Sept 20th 1885
(Month) (Day) (Year)

Immediate cause of death: Coronary Thrombosis 24

Due to _____

Due to _____

Other conditions: Uremia
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>4</u>	<u>16</u>	br. _____ min _____

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

10. Usual occupation: Retired

11. Industry or business _____

12. Name: James C Davis

13. Birthplace: Mo
(City, town, or county) (State or foreign country)

14. Maiden name: Martha Brown

15. Birthplace: Mo
(City, town, or county) (State or foreign country)

Major findings: none

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause of which death should be charged statistically.

16. (a) Informant: Mrs James Ray

(b) Address: Moberly Mo

17. (a) Burial (b) Date thereof: Jan 8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Moberly

18. (a) Signature of funeral director: Mahon and Son
(b) Address: Moberly Mo

19. (a) Jan 11-48 (b) Seal Shivers
(Date received local registrar) (Registrar's signature)

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? NO. (e) Means of injury: 11

23. Signature: He [Signature] (M. D. or other) _____
Address: Moberly Date signed: 1-7-48

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

MOTHER FATHER

MAR 27 1959

RECEIVED
District Health Officer No. 10
District File Number 1-4911
Date Filed JAN 19 1948

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 Frank S. Dr. Witt
Licensed Embalmer No. 3021
P. O. Address Moberly, 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.