

FILED MAR 6 1948
Registration District No. 4225

Primary Registration District No. 4335-225

State File No. _____

Registrar's No. 4

1. PLACE OF DEATH:
 (a) County Moniteau
 (b) City or town Rural, Kelly (Tipton)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None .4 miles North Tipton, Mo
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Entire Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Nathaniel A. Davis
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male
 5. Color or race Male
 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 November, 2nd, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>80</u>	<u>xx</u>	<u>3</u>	<u>15</u>	hr. _____ min.

9. Birthplace Cooper County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Calvin Davis

13. Birthplace _____, Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Emaline Robertson

15. Birthplace Morgan County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Grazier
 (b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 2/19.48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation h. O. O. F. Tipton, Mo

18. (a) Signature of funeral director Jesse E. Richards
 (b) Address Tipton, Mo.

19. (a) 2-19-48 (b) Mrs. Maude Hudson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Moniteau
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 44 Miles North Tipton
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country Native

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17th
 year 1948 hour 9 minute 10 A. M.

21. I hereby certify that I attended the deceased from 12-15-47
 19____ to 2-17-48 19____
 that I last saw him alive on 2-14-48 19____

and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral Neuronitis

Due to arterial hypertension

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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 _____

23. Signature J. J. Hudson M.D. (M. D. or other)
 Address Tipton, Mo Date signed 2-17-48

Physician

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

68
0
0

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/5/48

APR 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 James E. Richards
Licensed Embalmer No. 2466
P. O. Address Tipton, 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.