

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED APR 28 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4173

State File No. 12023

Registrar's No. 9

1. PLACE OF DEATH:

(a) County... Douglas
(b) City or town... Ava
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
(Specify whether years, months or days)

3. (a) PRINT FULL NAME... George Felda Davis

3. (b) If veteran, No
name war...
3. (c) Social Security No. 497-32-7508

4. Sex... Male
5. Color or race... White
6. (a) Single, widowed, married, divorced... Married
6. (b) Name of husband or wife... Stella Ann Parnell Davis
6. (c) Age of husband or wife if alive... 62 years
7. Birth date of deceased... April 24, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 10 7 hr. min.

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

10. Usual occupation... Agent for Franklin Life Insurance Company

11. Industry or business.

12. Name... Hiram Boyd Davis
13. Birthplace... Pulaski County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name... Martha Jane Patton
15. Birthplace... Pulaski County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant... Stella Ann Davis
(b) Address... Ava, Mo.
17. (a) Burial, cremation, or removal... Burial
(b) Date thereof... 3-4-48
(Month) (Day) (Year)
(c) Place: burial or cremation... Ava

18. (a) Signature of funeral director... Clinkingbeard Funeral Home
(b) Address... Ava, Missouri

19. (a) March 31-48 (b) Vestal Bushman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Douglas
(c) City or town... Ava
(If outside city or town limits, write "RURAL")
(d) Street No...
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1948 hour 12:20 minute A. M.

21. I hereby certify that I attended the deceased from 1948 to 3-1-48
that I last saw him alive on 3-1-48
and that death occurred on the date and hour stated above.

Immediate cause of death...

Acute Coronary Occlusion
Due to Chronic Myocarditis

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

Major findings:
Of operations...

Of autopsies...

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)

23. Signature... M. C. Gentry (M. D. or N. M. D.)
Address... Ava, Mo. Date signed 3-19-48

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

MOYER FATHER

RECEIVED
District Health Officer No. 67
District File Number 448-521
Date Filed APR 26 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

W. B. Hutchinson

Licensed Embalmer-No.

3431

P. O. Address

Am. Md.

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.