

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 47

**1. PLACE OF DEATH:**

(a) County Pike  
(b) City or town Louisiana,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pike Co. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
(Specify whether years, months or days) Lifetime

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Pike  
(c) City or town Louisiana, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD. # 1  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: -----

3: (a) PRINT FULL NAME Robert William Davis  
(b) If veteran, name war no (c) Social Security No. 499-07-0603

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month April day 3  
year 1948 hour 4:45A.M. minute --- M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Agnes Davis 6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased July 9 1894  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-2, 1948, to 4-3, 1948  
that I last saw him alive on 4-3, 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 8 Days 26 If less than one day --- hr. --- min.

Immediate cause of death Coronary Occlusion  
Due to Hypertensive Cardiovascular Disease  
Other conditions (include pregnancy within 3 months of death) ---

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

10. Usual occupation Agriculture Worker  
11. Industry or business Stark Bros. Nursery

Major findings: Of operations ---  
Of autopsy ---

MOTHER FATHER { 12. Name Robert Wesley Davis  
13. Birthplace Eldora, Illinois  
14. Maiden name Maggie May Carr  
15. Birthplace Pike Co. Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN ---  
Underline the cause to which death should be charged statistically. ---

16. (a) Informant Mrs. Robert Davis  
(b) Address R#1 Louisiana, Missouri  
17. (a) Burial (b) Date thereof 4/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Liverview Cemetery  
18. (a) Signature of funeral director Haley Mortuary  
(b) Address Louisiana, Missouri  
19. (a) 4/5/48 (b) Bernice Collier  
(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? ---

19. (a) 4/5/48 (b) Bernice Collier  
(Date received local registrar) (Registrar's signature)

While at work? --- (Specify type of place) Means of injury ---  
23. Signature Chas H Lewellen (M. D. number) 140  
Address Louisiana, Missouri Date signed 4-5-48

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

82  
2  
1

RECEIVED  
District Health Officer No. 10  
District File Number 548827  
Date Filed MAY - 6 - 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**