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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 28 1948
Registration District No. 380

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15215
Primary Registration District No. 3076
Registrar's No. 75

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 120 W. Austin St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Vernon 108
(c) City or town Nevada (If outside city or town limits, write "RURAL")
(d) Street No. 310 E. Cherry St - (If rural, give location) 1 2 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Orval Lee Davis
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Bell Preston
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Feb-7, 1886 (Month) (Day) (Year)

8. AGE: Years 62 | Months 2 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Montevallo (City, town, or county) Mo - U (State or foreign country)
10. Usual occupation City Fireman
11. Industry or business
FATHER
12. Name A. N. Davis
13. Birthplace ✓ (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name Salena Wakefield
15. Birthplace ✓ (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Mrs. O. L. Davis
(b) Address Nevada, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Newton Burial Park
18. (a) Signature of funeral director Marsh Eichinger
(b) Address Nevada, Mo.
19. (a) 4-19-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 321

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14 year 48 hour 10 minute 10 a M.
21. I hereby certify that I attended the deceased from Apr 14 - 48, 19..., to Apr 14, 1948, that I last saw him alive on Apr 14, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to ✓	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

PHYSICIAN
Underline the cause of 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 J. Newton (M. D. ~~or other~~)
Address Nevada Mo Date signed 4-16-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 3-48-439
Date Filed 4-22-48

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 Marl Eichinger

Licensed Embalmer No. 2658

P. O. Address Nevada, 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.