U. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16657

FILED MAY 19 1948

Registration District No. 157 — Primary Registration District No. 3028 — Registrar's No. 104

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 days (Specify whether years, months or days)
In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: 11 Carthage [illegible] St. (If outside city or town limits, write "RURAL")
(d) Street No.: 117 N. Fulton St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: -----

3. (a) PRINT FULL NAME: JOHN ROBERT DAVIS
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Della B. Davis
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: December (Month) 21 (Day) 1870 (Year)

8. AGE: Years 77 | Months 4 | Days 4 | If less than one day: hr. min.

9. Birthplace: Danville (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation: retired miller
11. Industry or business: McDaniel Milling Co.
12. Name of father: Joel Davis
13. Birthplace of father: unknown (City, town, or county) (State or foreign country)
14. Maiden name of mother: unknown
15. Birthplace of mother: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Joel Davis
(b) Address: 117 N. Fulton, Carthage, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Apr 27, '48 (Month) (Day) (Year)
(c) Place: burial or cremation: Conway, Mo.
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Mo.
19. (a) 4-27-1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1948 hour 6 minute 50 p. m.
21. I hereby certify that I attended the deceased from April 12, 1948, to April 25, 1948, that I last saw him alive on April 24, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Arteriosclerosis	
Due to:	
Other conditions: Senility (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
23. Signature: L. B. Clinton (M. D. or other) M.D.
Address: 1246 Grand, Carthage Date signed: 4/27/48

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

48-5-378

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 W. Kneece Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.