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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25716

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 145

1. PLACE OF DEATH:
(a) County Cass
(b) City or town ~~Rural~~ Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 64 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass. 19
(c) City or town Rural Peculiar Twp 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME JOHN HENRY DAVIS
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Wendell Davis 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July (Month) 15 (Day) 1884 (Year)

8. AGE: Years 64 Months 1 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Cass Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name J. T. Davis
13. Birthplace Macon (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Lucinda O'Connor
15. Birthplace Cedar Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant Will Davis
(b) Address Harrisonville Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation Orient Cemetery
18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO
19. (a) August 18, 1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature) 51

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1948 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from 5-25-48, 1948, to 8-16-, 1948
that I last saw him alive on 8-16-, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral ~~Thrombosis~~ hemorrhage	
Due to hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83 W	
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 Edward S. Jones (M. D. or other) MD
Address Harrisonville, Mo Date signed 8-18-48

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

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

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 Ernest Zimmerman

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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.