

FILED SEP 29 1948
265

State File No.

Registration District No.

Primary Registration District No. 5896

Registrar's No. 176

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Wasola, Rural Noble
(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.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Ozark
(c) City or town Wasola
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME James W. Davis
3. (b) If veteran, No
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Ona Mae Davis
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 2, 1875

8. AGE: Years 73 Months 5 Days 4
If less than one day hr. min.

9. Birthplace Brown County, Ill.

10. Usual occupation Cotton Seed Oil Mill

11. Industry or business
12. Name John Davis
13. Birthplace Ill
14. Maiden name Mary Ubus
15. Birthplace Unknown

16. (a) Informant Carl E. Davis
(b) Address Box 501 Artesia, New Mexico
17. (a) Burial (b) Date thereof 9-10-48
(c) Place: burial or cremation Bethel

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) 9-24-48 (b) Mae Johnson Registrar's signature 9/12

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 6
year 1948 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from Sept. 3, 1948, to Sept 6, 1948
that I last saw him alive on Sept 6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Paralysis of esophagus
Due to: nerve lesion or tumor of esophagus
Other conditions: Blindness
Duration: 24 days

PHYSICIAN
Major findings: Of operations
Of autopsy: 110
Underline the cause to 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
(c) Means of injury 2
23. Signature M. H. Hoyerman (M. D. or other) M.D.
Address Larksville, Mo Date signed 9/8/1948

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

7823

RECEIVED

District Health Officer No.

District File Number 948-1088

Date Filed SEP 28 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 C A Roof

Licensed Embalmer No. 3044

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.

Registration District No. 265

Primary Registration District No. 5896

Registrar's No. 14

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Rural
(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 _____)

3. (a) PRINT FULL NAME James W. Davis
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 2nd 1945
(Month) (Day) (Year)
8. AGE: 73 Years Months Days (Unless than one day)
hr. min

9. Birthplace _____ (City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Place: burial or cremation)
18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ozark
(c) City or town Wassala, Mo (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 _____

20. DATE OF DEATH: Month _____ Year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Duration _____
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to 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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

3580

1948

S-30541