FEDERAL SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 41067

FILED DEC 22 1948

Registration District No. 2487 — Primary Registration District No. 4411 — Registrar's No. 63

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Bowling Green, Mo (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
In this community 50 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Lincoln 52
(c) City or town Olney (If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Thomas 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 Married
6. (b) Name of husband or wife Laura S. Davis
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Jan. (Month) 8 (Day) 1877 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	10	27	hr. min.

9. Birthplace Corso — Pike Co — Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Carroll Davis
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ann Elizabeth Kimler
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Robert Davis
(b) Address Bowling Green, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Olney Cemetery
18. (a) Signature of funeral director Butler — Pritchett
(b) Address Bowling Green, Mo.
19. (a) 12-11-48 (Date received local registrar) (b) Bill Robinson (Registrar's signature) 254

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5 year 1948 hour 6 minute P M.
21. I hereby certify that I attended the deceased from 1947, 19, to 12-5, 1948 that I last saw him alive on 12-5, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Stomach	8 Mts
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Carcinoma of Liver	
Major findings: Of operations Carcinoma of Stomach	
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 T. M. Mathews (M. D. or other)
Address Bowling Green Mo Date signed 12-11-48

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

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

RECEIVED
District Health Officer No. 10
District File Number 12-48-2149
Date Filed DEC 16 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 John W Butler

Licensed Embalmer No. 4447

P. O. Address Bowling Green

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.