FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 31 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33454

Registration District No. 106 — Primary Registration District No. 5420 — Registrar's No. 16

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Holcomb, R-R-I
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 84 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Dunklin 35
(c) City or town Holcomb, Mo. R.R.I
(If outside city or town limits, write "RURAL")
(d) Street No. Frisby Community
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME James Henry 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 Mary Bell Davis
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Oct (Month) 8 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
83	11	16	hr. min.

9. Birthplace Holcomb RR.1 (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name Richard Davis
13. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Elizabeth Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Dollie Coleman
(b) Address Holcomb, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-49 (Month) (Day) (Year)
(c) Place: burial or cremation North Cane Cemetery
18. (a) Signature of funeral director W H Irby
(b) Address Rector Ark
19. (a) Oct 24/1949 (Date received local registrar) (b) J. A. Anderson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24th year 1949 hour 7 minute 04 A.M.
21. I hereby certify that I attended the deceased from Sept 10th 1949, 1949, to Sept 28, 1949, that I last saw ~~him~~ alive on Sept 23rd, 1949 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis.	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address Holcomb Mo Date signed 9/28/49

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 17 1949

RECEIVED OCT 26 1949
District Health Office No. 2,
District File Number 1049-106
Date Filed

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, ~~under~~ _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Robert D. Crawford

Licensed Embalmer No. Ark. 826

P. O. Address Rector Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.