

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33643

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>	
c. LENGTH OF STAY (In this place) <u>23 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>main street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home main street</u>		d. STREET ADDRESS <u>main street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Reese</u> b. (Middle) <u>Hanna</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 12 1949</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Feb 16 1880</u>
9. AGE (In years last birthday) <u>69</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Real estate dealer</u>	
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Polk Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Harvey</u>	
14. NAME OF HUSBAND OR WIFE <u>Cora Bell Davis</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cora Bell Davis</u> ADDRESS <u>Bethany Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery Sclerosis</u> <u>5 years</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4:20</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. PLACE OF DEATH (Specify) <u>Home</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-9 - 1949</u> , to <u>10/12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10/12</u> , 19 <u>49</u> , and that death occurred at <u>3:20 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Leonard R. Lee, M.D.</u> (Degree or title)		23b. ADDRESS <u>Bethany, Mo.</u>	
23c. DATE SIGNED <u>10/24/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 14 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bethany</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany Mo</u>	
DATE REC'D BY LOCAL REG. <u>10/28/49</u>		REGISTRAR'S SIGNATURE <u>Zola Burres</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Noble</u> ADDRESS <u>New Hampton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1950

DEC 29 1949



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 me

Student Embalmer No. ....

working under my personal supervision.

Signed

W G Noble

Signed .....

Student Embalmer

Licensed Embalmer No. 2904

P. O. Address New Hampton

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

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

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri  
County of Harrison SS.

State File No. 33643-9  
Local Registrar's No. 80

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21 day of February, 1950, before me appears  
W. G. Noble - who, upon his oath, states that the original record of ~~birth~~ death  
for Reese Hanna Davis died Oct. 12, 1949, in the State of  
Missouri, and which was filed at Bethany mo. on Oct 28, 1949, should be corrected as follows:

Item No. 14 should read Cora Lee Davis  
Instead of Cora Bell Davis

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

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Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant W. G. Noble undertaker  
Relationship.  
New Hampton mo  
Present Address.

Subscribed and sworn to before me this 21 day of February, 1950

My Commission expires By commission expires Aug. 9, 1951.

J. B. Nickerson  
Zola Burris Notary Public.

