

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36596

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4097		Registrar's No. 193	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Harrisonville</u> )		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>		d. STREET ADDRESS (If rural, give location) <u>1104 Walnut St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1104 Walnut St</u>				d. STREET ADDRESS <u>1104 Walnut St</u>			
3. NAME OF DECEASED (Type or Print) <u>HOGAN</u>		a. (First) <u>M</u>		b. (Middle) <u>DAVIS</u>		c. (Last)	
4. DATE OF DEATH <u>Dec 7 1949</u>		(Month)		(Day)		(Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar 17 1854</u>	
9. AGE (in years last birthday) <u>95</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming Insurance</u>		11. BIRTHPLACE (State or foreign country) <u>Johnson Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel H Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Lannah Masterson</u>		14. NAME OF HUSBAND OR WIFE <u>Loretta G Davis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Mildred K. Davis</u> ADDRESS <u>Harrisonville Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIO SCLEROSIS GENERALIZED</u>							
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>332X</u>	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Aug 1 1947</u> to <u>Dec 7 1949</u> , that I last saw the deceased alive on <u>Dec 7 1949</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. H. Burger</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>Dec 8 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 9-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Peculiar Cemetery</u>		24d. LOCATION (city, town, or county) (State) <u>Harrisonville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 8, 1949</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		51		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gunnemeyer's</u> ADDRESS <u>Harrisonville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

19  
6

JAN 10 1950  
JAN 25 1950

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ernest Rannenberg

Licensed Embalmer No. 3368

P. O. Address Harrisowille, 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.