

FILED JAN 9 1950

BIRTH NO. _____		REG. DIST. NO. 109		PRIMARY REG. DIST. NO. 5424		Registrar's No. 35		
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin				
b. CITY (If outside corporate limits, write RURAL and give township) Camphell Union Twp.		c. LENGTH OF STAY (in this place) 3 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Camphell Union Twp.		d. STREET ADDRESS (If rural, give location) R.R. # 2		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home R.R. # 2								
3. NAME OF DECEASED (Type or Print) a. (First) Grover b. (Middle) Cleveland c. (Last) Davis			4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1949					
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 2, 1884		
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Days 0		IF UNDER 1 HRS. Hours 25 Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Worker			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Cassie Davis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. W. Rollman, Camphell Mo. R. 2				
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) Cardiac Arrest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decompensation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4 22 2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) (Min.)		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 July 11, 1949 , to Dec 27, 1949 , that I last saw the deceased alive on Dec 27, 1949 , and that death occurred at 12:15 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE Dunklin Franklin Campbell				23b. ADDRESS Camphell Mo.		23c. DATE SIGNED 12/29/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 29, 1949		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Camphell, Mo.		
DATE REC'D BY LOCAL REG. 12/30/49		REGISTRAR'S SIGNATURE Mrs. Beulah Campbell		25. FUNERAL DIRECTOR'S SIGNATURE Spence Funeral Home		ADDRESS Camphell, Mo.		

Rec. DUNKLIN COUNTY HEALTH DEPARTMENT
KENNETT, MISSOURI 1-3-50
County File No. 150-1

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.