

FILED JAN 13 1950

STANDARD CERTIFICATE OF DEATH

State File No. **43334**

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

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **238**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sweet Springs	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 111 Franklin	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbons Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) WILLIAM	c. (Last) DAVIS	4. DATE OF DEATH (Month) (Day) (Year) 12 28 49
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 10, 1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY CONCRETE WORKER	11. BIRTHPLACE (State or foreign country) Saline County, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Smith N. Davis	13b. MOTHER'S MAIDEN NAME Catherine Bright	14. NAME OF HUSBAND OR WIFE Alice Dillon DAVIS
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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. none	17. INFORMANT'S SIGNATURE OR NAME MRS JOHN W. DAVIS-SWEET SPRINGS, MO	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 5400
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Perforated duodenal ulcer		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUED TO (b) Generalized peritonitis DUED TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **19 Dec, 1949**, to **28 Dec, 1949**, that I last saw the deceased alive on **27 Dec, 1949**, and that death occurred at **5:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Ralph H. Jones M.D. (Degree or title)	23b. ADDRESS Sweet Springs, Mo.	23c. DATE SIGNED 29 Dec 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-30-49	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Sweet Springs, Mo.
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DATE REC'D BY LOCAL REG. Dec. 29, 1949	REGISTRAR'S SIGNATURE Hedney T Gray	25. FUNERAL DIRECTOR'S SIGNATURE L. F. Parker	ADDRESS Sweet Springs, Mo.
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(Licensed Embalmers' Statement on Reverse Side)

RECEIVED JAN 9

District Health Officer No. 8,

District File Number _____

Filed 1-12-50

JAN 20 1950

L. F. Parker
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.

Signed _____

L. F. Parker

Signed _____

Student Embalmer

Licensed Embalmer No. 3840

P. O. Address Sweet Springs, 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.