

160  
1

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5550 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Meady</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Meady</u>	
c. LENGTH OF STAY (In this place) <u>55 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R 25 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-2-52</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u> b. (Middle) <u>Cephus</u> c. (Last) <u>Davis</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>4-6-1886</u>	
9. AGE (In years last birthday) <u>65</u> 10. IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u> 11. IF UNDER 2 HRS. Hours <u></u> Min. <u></u>		9. AGE (In years last birthday) <u>65</u> 10. IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u> 11. IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	
11. BIRTHPLACE (State or foreign country) <u>N. Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Harison Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah White</u>	
13c. NAME OF HUSBAND OR WIFE <u>Minnie Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Davis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>Yes</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. J.C. Davis, Meady, Mo</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. J.C. Davis, Meady, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES DUE TO (b) <u>Cause unknown</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>7955</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3-1</u> , 19 <u>52</u> to <u>3-2</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-1</u> , 19 <u>52</u> , and that death occurred at <u>1:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>C.E. Roe M.D.</u>		23b. ADDRESS <u>Viola Ave</u>	
23c. DATE SIGNED <u>3-11-52</u>		23c. DATE SIGNED <u>3-11-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3/4-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Meady</u>		24d. LOCATION (City, town, or county) (State) <u>Meady MO</u>	
DATE REC'D BY LOCAL REG. <u>3-24-52</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook 379</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Robertson, W. H. H. Mo</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Robertson, W. H. H. Mo</u>	

**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

*D. S. Roberts*

Licensed Embalmer No. *3437*

P. O. Address *Westham Md*

**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.