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FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED JAN 27 1948

Registration District No. 207

Primary Registration District No. 5503

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Henry
(b) City or town "Rural" Bethlehem Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: L
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
(Specify whether
In this community Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry #2
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi S.E. of Clinton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME JRA LEE DAVIS

3. (b) If veteran, ✓ name war: _____
3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White
6. (a) Single; widowed, married, divorced married
6. (b) Name of husband or wife Lula Truman Davis
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased 2 11 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 11 10 hr. min.

9. Birthplace Henry Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Egus Davis

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Eliza James

15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Truman Davis

(b) Address Clinton Mo. R.F.D.

17. (a) Burial (b) Date thereof 1-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem cemetery

18. (a) Signature of funeral director Fred Wilkerson

(b) Address Clinton Mo.

19. (a) 1-23-48 (b) R. J. Ramsey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 21
year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-13 1945 to 1-21 1948
that I last saw him alive on 1-21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 94A
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

23. Signature E. P. Peller (e) Means of injury _____

Address Clinton Mo Date signed 1-22-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 12-12-2022
Date Filed 1-26-04

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 Fred E. Wilkinson Jr. Registered Apprentice No. 434
working under my personal supervision.

Signed G. L. Wilkinson
Licensed Embalmer No. 4376
P. O. Address Clinton, 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.