

REC'D MAY 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14926

Do not use this space.

1. PLACE OF DEATH

(a) County JASPER Registration District No. 411
 (b) Township _____ Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. 302 OLIVER St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 2 yrs. 6 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JAMES W. DAVIS

(a) Residence, No. 302 OLIVER St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 2 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired from Frisco RR
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vinton Iowa13. NAME John Davis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belmont Ohio15. MAIDEN NAME Stacy Sanders16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsylvania Va.17. INFORMANT (ADDRESS) 2000 P. Davis 302 Oliver Joplin Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Augusta, Kas. DATE 4-7, 193819. FUNERAL DIRECTOR (ADDRESS) Lanpheu Mottram Joplin Mo.20. FILED 4-6, 1938 Ed W. James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 193822. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1938, to Apr 5, 1938I last saw him alive on Apr 5, 1938. Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary edema Date of onset Apr 5/38
Cardiac decompensation

Other contributory causes of importance:

Cerebral hemorrhage

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place:

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Sam G. Gantman Jr. M. D.(Address) Joplin

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Allen E. Lanpher, Licensed Embalmer No. 3574
hereby certify that the body recorded on the reverse side of this certificate was embalmed by F. Marion Jones.

L. E.
No. 2319 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Allen E. Lanpher
Licensed Embalmer No. 3574

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.)