

FILED FEB 19 1940

Registration District No. 411

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

State File No. 2700

Registrar's No.

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN
(c) Name of hospital or institution:
1815 Picher Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

8. (a) PRINT FULL NAME William J. Davis
8. (b) If veteran, name war _____ 8. (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 SARAH DAVIS 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased JUNE 21 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace: Johnson City Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business _____
12. Name Wm J. Davis
13. Birthplace No Record
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Rector
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature [Signature]
(b) Address JOPLIN MISSOURI

17. (a) REMOVAL (Burial, cremation, or removal) _____ (b) Date thereof JAN 13 1940
(Month) (Day) (Year)
(c) Place: burial or cremation Neosho, Mo

18. (a) Signature of funeral director [Signature]
(b) Address NEOSHO MO

19. (a) 1-18-1940 (Date received local registrar) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JASPER
(c) City or town JOPLIN
(If outside city or town limits, write "RURAL")
(d) Street No. 1815 Picher Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 13
year 1940 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from June 8, 1939 to June 8, 1940
that I last saw him alive on June 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Following Heart Disease

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(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) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) MD
Address Joplin Date signed 1/13/40

Duration 2-23 1/2
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.

RECEIVED

District Health Officer No. 6,

District File Number 240-558

Date filed FEB 15 1940

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.....

Marshall Williams

Registered Apprentice No. 434

working under my personal supervision.

Signed J. B. Linn

Licensed Embalmer No. 2689

P. O. Address Keosauqua 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, above space should be left blank.