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FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14881**

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2428 Annie Baster
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **49**

(c) City or town Joplin **2**
(If outside city or town limits, write "RURAL")

(d) Street No. 2428 Annie Baster **5**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — **0** years.

3. (a) PRINT FULL NAME ELIZABETH DOBBIE DAVIS

3. (b) If veteran, name war none

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 19
year 1941 hour 7⁰⁰ minute A M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry Davis

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: May 15 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw h. did not see her alive alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>11</u>	<u>4</u>	hr. _____ min. _____

Immediate cause of death coronary occlusion

Due to _____

Due to 44

Other conditions 44
(Include pregnancy within 3 months of death)

9. Birthplace Lamar Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name William Mode

13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Bragale

15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

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? 372

16. (a) Informant Ms. Harry Davis

(b) Address 2428 Annie Baster

17. (a) Burial (b) Date thereof 4-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus, Kansas

18. (a) Signature of funeral director Thornhill-Allen Mort

(b) Address Joplin, Missouri

19. (a) 4-19-41 (b) Ed J. Jernigan
(Date received local registrar) (Registrar's signature)

23. Signature H. A. Webster **3**
(Specify type of place) (c) Means of injury coronary

Address Carters Mo. Date signed Apr 19 41

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

41-5-459

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *David Dillon*

Licensed Embalmer No..... *3898*

P. O. Address..... *Joplin, 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.