

No. 2
1-4-41
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35204

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 158

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
826 S. Fulton St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 24 Years / (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 826 S. Fulton 3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
It yes, name country 0

3. (a) PRINT FULL NAME JOHN MILFORD DAVIS

3. (b) If veteran, name war None 3. (c) Social Security No. 490-10-1842

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Melva Hardy Davis 6. (c) Age of husband or wife alive 25 years

7. Birth date of deceased Feb. 5th, 1913 (Month) (Day) (Year)

8. AGE: Years 28 Months 8 Days 16 If less than one day hr. min.

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

10. Usual occupation Deliverymen for Drug Store

11. Industry or business _____

MOTHER FATHER { 12. Name Charles W. Davis

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

14. Maiden name Della Beechum (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Della Davis

(b) Address 826 S. Fulton, Carthage, Mo.

17. (a) Burial (b) Date thereof 10-26-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Oct. 25, 1941 (b) E. J. Mc Intire, M.D. (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21st year 1941 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from May 1st, 1941 to October 21st, 1941 that I last saw him alive on October 20th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 5 Mo.

Due to _____

Due to _____

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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

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

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? No (Specify type of place) (c) Means of injury

23. Signature George H. Wood (M. D. or other) M. D. Address 304 Grant St. Date signed 10/25/41

865 (Licensed Embalmer's Statement on Reverse Side)

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

41-11-913

OCT 24 1956

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.....
Licensed Embalmer No. 41941
P. O. Address.....

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.