

DEPARTMENT OF THE COMMERCE  
BUREAU OF VITAL RECORDS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 5 1942  
Registration District No. 228  
Primary Registration District No. 2000  
Date of Death Nov 2 1942  
Registrar's No. 824

39  
2  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1719 N. Broadway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Months  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John William Davis

3. (b) If veteran, name war no  
3. (c) Social Security No. no

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

6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased: May 20 1940  
(Month) (Day) (Year)

8. AGE: Years 12 Months 5 Days 26  
If less than one day hr. min.

9. Birthplace Blythesville Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

12. Name J.B. Davis

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

14. Maiden name Irene Travis

15. Birthplace Peach Orchard Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant J.B. Davis  
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Nov. 17, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blythesville, ARK.

18. (a) Signature of funeral director H.H. Lohmeyer  
(b) Address Springfield, Mo.  
19. (a) 11-16-42 (b) H. W. H. H. H.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1719 N. Broadway  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1942 hour 10 minute 10 a. M.

21. I hereby certify that I attended the deceased from 11-15 1942 to 11 15 1942  
that I last saw him alive on 11-15 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Surgical alph. Thirus  
Duration 31

Due to Inf 10

Due to Inf 10  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None  
Of autopsy None  
PHYSICIAN None  
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) None  
(b) Date of occurrence

(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?

While at work? None (Specify type of place)  
(e) Means of injury

23. Signature J. F. Freeman (M. D. or other)  
Address Springfield Mo Date signed 11/16/42

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**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.....

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.**

X