

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

FILED MAY 13 1943
49
52

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: 5 days in hospital or institution. (Specify whether years, months or days)

In this community over 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee

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

(d) Street No. 517 Washington
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Well Davidson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1943 hour 18 minute 19 M.

21. I hereby certify that I attended the deceased from 4-12 1943 to 4-17 1943
that I last saw h. en alive on 4-17 1943
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race W

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Dec (Month) 20 (Day) 1861 (Year)

Immediate cause of death: Cerebral hemorrhage

Due to: Accident (Fall)

Other conditions (Include pregnancy within 3 months of death): 186a

8. AGE: Years 81 Months 3 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Waverly Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Clerk & assistant

11. Industry or business Funeral Home

12. Name John Davidson

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

14. Maiden name Elizabeth Ross

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

Major findings: 186a

Of operations: 186b

Of autopsy: _____

16. (a) Informant Mr. F. G. Boice

(b) Address 517 Wash Joplin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cem.

18. (a) Signature of funeral director Boice & Co.

(b) Address Joplin, Kansas

19. (a) 4-21-43 (Date received local registrar) (b) Walter D. Mueller (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 4-12-43

(c) Where did injury occur? Joplin Kan (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter D. Mueller (M. D. or other) MD

Address Joplin Mo Date signed 4/17/43

48-4-40P

JUN 3 1968

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.....

Ray N. Shumaker
Kansas →

Licensed Embalmer No. 1998

P. O. Address Bellevue, Kansas

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.