

No. 2
1-2-43
5-17-39
X35967

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31833

State File No.

Registrar's No.

FILED SEP 28 1943

Registration District No. 156

Primary Registration District No. 2001

523

1. PLACE OF DEATH

(a) County Jasper
(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days 0
In this community 12 days specify whether
years, months or days

3. (a) PRINT FULL NAME Frank S. Davis

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

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

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

7. Birth date of deceased July 18 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 28 If less than one day hr. _____ min.

9. Birthplace Blue Rapids Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name A. F. Davis

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

14. Maiden name Kate Frances

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

16. (a) Informant Lynn Bazelgrain

(b) Address 1602 Missouri Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-19-43
(Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth Kansas

18. (a) Signature of funeral director Hambill Dillon Mortuary
(b) Address 4th + Wall St

19. (a) 9-18-43 (Date received local registrar) (b) Quintus Sudhalter (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County McDonald
(c) City or town Pineville 060
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1943 hour 9 minute 45 a.m.

21. I hereby certify that I attended the deceased from Sept 7
1943 to Sept 16 1943
that I last saw him alive on Sept 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung
Duration (?)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) H68
Major findings: Of operations _____
Of autopsy _____

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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (Country) (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 J. J. J. J. (M. D. or other) MD
Address _____ Date signed 9/18/43

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

302
4/43

1208

(Licensed Embalmer's Statement on Reverse Side)

~~4-18-776~~
43-9-776

SEP 27 1943

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.....

Cecil A. Thornhill

Licensed Embalmer No.....

3590

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.