

FILED APR 17 1946

State File No. _____

Registration District No. 156

Primary Registration District No. 5001

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:
1110 Valley, Joplin, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper ⁴⁹
(c) City or town Joplin (If outside city or town limits, write "RURAL") ²
(d) Street No. 1110 Valley (If rural, give location) ⁵
(e) Citizen of foreign country? No (Yes or No) ⁰
If yes, name country _____

3. (a) PRINT FULL NAME HELEN DAVIS

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

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

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

7. Birth date of deceased September 12 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 6 7 hr. min.

9. Birthplace Ringo Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henson Mingo

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

14. Maiden name Rachel Fields

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

16. (a) Informant Mr. Max Davis

(b) Address 1110 Valley, Joplin, Mo.

17. (a) Removal (b) Date thereof 3-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ringgold, La.

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 3-22-46 (b) Belle Pearson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1946 hour 10:20 Midnight p. M.

21. I hereby certify that I attended the deceased from 3-17-46 19____ to 3-18-46 1946

that I last saw her alive on 3-18-46 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral poisoning Duration 3 weeks

Due to Belongian 48 hrs

Due to _____

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

Major findings: Of operations 144

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) (County) (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 2

23. Signature P. A. Maloney (M. D. or other) DO.
Address Joplin, Mo. Date signed 3/22/46

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

46-3-298

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 F. M. Jones

Licensed Embalmer No. 2319

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.