

S. No. 2
M-5-43
5-17-39
I X36671

FILED JUL 1 1948
156

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: 2202 Connor
(d) Length of stay: 18 years
In this community 18 years

3. (a) PRINT FULL NAME Charles L. Davis
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Sue M. Davis
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 25, 1888

8. AGE: Years 58 Months 1 Days 23

9. Birthplace Storm Springs, Arkansas

10. Usual occupation Filling Station Operator

11. Industry or business (906 W. 22nd, Joplin)

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Mrs. Sue Davis

(b) Address 2202 Connor, Joplin, Mo.

17. (a) Burial (b) Date thereof 6-19-46

(c) Place: burial or cremation Mt. Hope Webb City, Mo

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

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 6-20-46 (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin
(d) Street No. 2202 Connor
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1946 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from March 20 to June 17, 1946 that I last saw him alive on June 17, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Myocardiosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

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?
(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 of Physician
Address

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

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

JUL 1 1945

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 HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.