DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30673

State File No.

FILED SEP 18 1946

Registration District No. 156 Primary Registration District No. 2001. 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: 335 N. Oak St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 335 N. Oak St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Vera Pauline Davis

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife William H. Davis

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased January 20 1920 (Month) (Day) (Year)

8. AGE: Years 26 Months 7 Days 1 If less than one day ____ hr. ____ min.

9. Birthplace Duenweg (City, town, or county) Mo (State or foreign country)

10. Usual occupation Machine operator

11. Industry or business Miller Shirt Factory

FATHER
12. Name Floyd A. Russell
13. Birthplace ____ (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Pansy Boad
15. Birthplace Joplin (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Pansy Prewitt
(b) Address 335 N. Oak St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Thornhill Dillon
(b) Address Joplin Mo.

19. (a) 8-23-46 (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day ____ year 1946 hour 1030 minute P M.

21. I hereby certify that I attended the deceased from Aug 6 1946 to Aug 21 1946 that I last saw him alive on Aug 21 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 3B
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. M. Irons (M. D. or other)
Address Joplin Mo Date signed 8-22-46

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(Licensed Embalmer's Statement on Reverse Side)

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

29562

41-8-768

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.