

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5209

State File No. _____

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:
1414 E. 6th St.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 50 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") **3**

(d) Street No. 1414 E. 6th St.,
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Adelle Davis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
year 1947 hour 9 minute 30 A.M.

4. Sex Female **3**

5. Color or race Negro **1**

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

6. (b) Name of husband or wife _____

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

21. I hereby certify that I attended the deceased from January 29, 1947 to February 4, 1947, that I last saw her alive on February 4, 1947, and that death occurred on the date and hour stated above.

7. Birth date of deceased July 9, 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 27
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace McMinnville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Polk Cope

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

14. Maiden name Evelyn Myers

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

16. (a) Informant Mr. Simon Davis

(b) Address 1414 E. 6th St.,

17. (a) Burial (b) Date thereof 2-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkway

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

(c) 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? _____

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

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 2-8-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place)

(c) Means of injury [Signature]

23. Signature A. W. Winchester (M. D. or other) _____
Address Joplin, Mo. Date signed 2/6/47

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

47-2-134

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.