. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 22 1947

Registration District No. 2516

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38629

Primary Registration District No. 2001

Registrar's No.

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

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: 311 N. Wall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 32 Years

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.: 311 N. Wall
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Sam Davis
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Frances Davis
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: June 7, 1886 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	3	21	..... hr. ..... min.

9. Birthplace: Altamont (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: McNeal Machinery Co.
FATHER
12. Name: Richard Davis
13. Birthplace: Newport (City, town, or country) Indiana (State or foreign country)
MOTHER
14. Maiden name: Sarah Rogers
15. Birthplace: Newport (City, town, or country) Indiana (State or foreign country)
16. (a) Informant: Frances Davis
(b) Address: 311 N. Wall
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 1, 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope Cemetery
18. (a) Signature of funeral director: Hurlbut Mortuary
(b) Address: Joplin, Mo.
19. (a) 9-30-47 (Date received local registrar) (b) Delores Lamphins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28th year 1947 hour 10:30 minute A.M.
21. I hereby certify that I attended the deceased from Sept 17 19 47 to Sept 28 19 47 that I last saw him alive on Sept 28 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to: Coronary Occlusion	
Due to:	2 mos.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy	

PHYSICIAN — Underline the cause of 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: E. E. Kyle M.D. (M.D. or other)
Address: 708 Wilson Bldg Joplin Mo Date signed: Sept 30-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-11-855

OCT 18 1954

JUN 3 1959

MAR 10 1958

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 Perry K Hurlbut

Licensed Embalmer No. 939

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.