S. No. 2
M—1/47
7-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 136

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16695

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: 123 OZARK (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 years 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") 9
(d) Street No. 123 Ozark (If rural, give location) 5
(e) Citizen of foreign country? NO (Yes or No) 6
If yes, name country

3. (a) PRINT FULL NAME: LANDEN DAVIS
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: MALE 0
5. Color or race: WHITE 1
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MARTHA
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: NOVEMBER (Month) 29 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	5	0	hr. min.

9. Birthplace: QUINCY, ILLINOIS (City, town, or county) (State or foreign country)
10. Usual occupation: RETIRED GROCER
11. Industry or business:

MOTHER FATHER
12. Name: WM. DAVIS
13. Birthplace: KENTUCKY (City, town, or county) (State or foreign country)
14. Maiden name: FANNIE HICKS
15. Birthplace: ILLINOIS (City, town, or county) (State or foreign country)

16. (a) Informant: JOHN L. DAVIS
(b) Address: 123 Ozark St., Joplin, Mo
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Alamogordo, N.M.
18. (a) Signature of funeral director: PARKER-HUNSAKER
(b) Address: 1502 Joplin St., Joplin, Mo
19. (a) 5-1-48 (Date received local registrar) (b) Dolores Lamphins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1948 hour 12:05 minute a. M.
21. I hereby certify that I attended the deceased from April, 1947 to April 29, 1948 that I last saw him alive on April 29, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic pneumonia	24 hrs
Due to: Metastatic carcinoma	One year
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: N.D.
Of autopsy: Malignant changes in pancreas and pylorus.

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 9

23. Signature: R. A. Mahoney M.D.
Address: Joplin, Mo. Date signed 4/29/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-5-434

AUG 5 1948

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.