

FILED MAY 10 1941

WRITE PLAINLY—USE 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: 619 N. Bgers Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether)
In this community 3 Weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? No / 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1941 hour 11 minute PM
21. I hereby certify that I attended the deceased from 4/16, 1941, to 4/15, 1941;
that I last saw him alive on _____, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocardite
Duration several
months

Due to Chr. Interstitial Nephrit
Due to _____
Other conditions (include pregnancy within 3 months of death) 1/2/41

Major findings:
Of operations _____
Of autopsy _____
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? 379
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address Joplin, Mo. Date signed _____

3. (a) PRINT FULL NAME Melissa Davis

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive No years

7. Birth date of deceased JUNE 7 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name J. M. DAUGHTERY

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

14. Maiden name MARTHA E. RIGGS

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

16. (a) Informant T. D. [Signature]
(b) Address 619 N. Bgers Joplin Mo.

17. (a) Burial (b) Date of coffin 4-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director [Signature]
(b) Address 212 Joplin St. Joplin, Mo.
19. (a) 4-17-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

41-5-454

SE 1961

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.....

Licensed Embalmer No.

P. O. Address.....

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.