S. No. 2
M—2-43
. 5-17-39
-1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13573

FILED APR 17 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: Derfelt Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Life 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. 1110 Valley (If rural, give location) 5

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME INFANT DAVIS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced 11

6. (b) Name of husband or wife

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

7. Birth date of deceased March 17 (Month) (Day) 1946 (Year)

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Mack Davis
13. Birthplace (City, town, or county) La. (State or foreign country)

MOTHER
14. Maiden name Helen Mango
15. Birthplace (City, town, or county) La. (State or foreign country)

16. (a) Informant Mr. Mack Davis

(b) Address 1110 Valley, Joplin, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-22-46 (Month) (Day) (Year)

(c) Place: burial or cremation Ringgold, Louisiana

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

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 3-22-46 (Date received local registrar) (b) Bellie Pearson, D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1946 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 3-17-46, 19, to 3-18-46, 19; that I last saw her alive on 3-18-46, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory failure	2 hrs
Due to Uremia	1 day
Due to Eclampsia in mother	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 R. A. Mahoney (M.D. or other) DO.

Address Joplin, Mo Date signed 3/19/46

158 (Licensed Embalmer's Statement on reverse Side)

46-3-299

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.