

2
43
7-39
K336671

State File No.

Registration District No. 156

Primary Registration District No. 200

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: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. Oakland 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country (1)

3. (a) PRINT FULL NAME Cynthia Jane Davis

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

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced child

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

7. Birth date of deceased December 26 1946
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Ray Davis 0

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

14. Maiden name May Fletcher

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

16. (a) Informant Mr. Ray Davis

(b) Address Oakland, Joplin, Missouri

17. (a) Burial (b) Date thereof 12-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

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

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 1-4-47 (b) Ed James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1946 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from
....., 19....., to 19.....;

that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Renal insufficiency
congenital anomalies
Due to arteriosclerotic diabetes

Duration

30 min

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 159

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy

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?

While at work? (Specify type of place)
(e) Means of injury 0

23. Signature Ed James (M. D. or other)

Address Joplin Date signed 1-3-47

138

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

46-12-1215

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. 2519
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.