

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6129
Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN / Registration District No. 85
(b) Township WASHINGTON / Primary Registration District No. 1001 Registered No. 205
(c) City ST. JOSEPH, MISSOURI (d) Street No. MO. METH. HOSPITAL
(e) Length of residence in city or town where death occurred yrs. mos. 40 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

J. WESLEY DAVIS 120
(a) Residence, No. 2453 PASEO, KANSAS CITY, MO. St. Kans City Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE COLORED 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ROSA DAVIS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 18, 1879

7. AGE YEARS 58 MONTHS 6 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CHAUFFEUR
9. Industry or business in which work was done, as saw mill, bank, etc. E. C. NEY
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NASHVILLE, TENN

FATHER 13. NAME JESSE DAVIS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN TENNESSEE

MOTHER 15. MAIDEN NAME CAROLINE UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN TENNESSEE

17. INFORMANT (ADDRESS) ROSA DAVIS, WIFE, 2453 PASEO, KANSAS CITY MO.18. BURIAL, CREMATION, OR REMOVAL PLACE KANSAS CITY, MO. DATE FEB, 15, 193819. FUNERAL DIRECTOR (ADDRESS) FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.20. FILED Feb 14 1938 H. J. Nestlebusch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 13, 193822. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1938, to Feb 13, 1938I last saw him alive on Feb 13, 1938 Death is saidto have occurred on the date stated above, at 3:40 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis 2/13/38
(ill only 40 minutes)

Other contributory causes of importance: 94B-Name of operation None Date of None
What test confirmed diagnosis: clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury
Nature of injury24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify (Signed) G. J. Bloomer M. D.(Address) 1218 N. 3rd St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, John E. Rupp, Licensed Embalmer No. 3986
hereby certify that the body recorded on the reverse side of this certificate was embalmed by John E. Rupp

L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed John E. Rupp
Licensed Embalmer No. 3986

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.)