

REC'D DEC 1 : 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
38097
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township KAW Primary Registration District No. 1002 Registered No. 4331
 (c) City Kansas City Mo. (d) Street No. Children's Mercy Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Goldie Davis

(a) Residence, No. 10039 Wilson Rd St.
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>XX</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4/21/1926</u>				
7. AGE	YEARS <u>12</u>	MONTHS <u>6</u>	DAYS <u>14</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Student</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) <u>Springfield</u> (STATE OR COUNTRY) <u>Mo</u>				
FATHER	13. NAME <u>Wilton Davis</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Mo</u> (STATE OR COUNTRY) <u>0</u>			
MOTHER	15. MAIDEN NAME <u>Inez Griffin</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Mo</u> (STATE OR COUNTRY) <u>0</u>			
17. INFORMANT <u>Wilton Davis</u> (ADDRESS) <u>10039 Wilson Rd.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brookings Cem.</u> DATE <u>11/6/38</u>				
19. FUNERAL DIRECTOR (NAME) <u>Sheil Funeral Home</u> (ADDRESS) <u>6606 Indep. Ave.</u>				
20. FILED <u>Nov. 6 1938 M. M. Crowe</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 4 1938

22. I HEREBY CERTIFY, That I attended deceased from October 29 1938 to November 4 1938
 I last saw her alive on November 4 1938. Death is said to have occurred on the date stated above, at 12:40 p.m.
 The principal cause of death and related causes of importance were as follows:
Uremia
Acute nephritis
n. m. o. 10/10

Date of onset

Other contributory causes of importance:
Terminal Bronchopneumonia

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yps.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where 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 injury.....

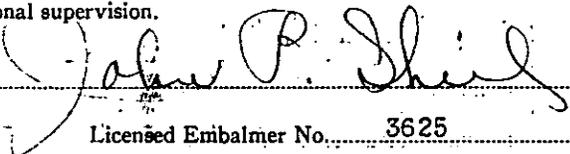
24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify W. B. Soderberg M. D.
 (Signed) W. B. Soderberg
 (Address) 5017 W. Grand St.

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,

..... John P. Sheil, or by

Registered Apprentice No., working under my personal supervision.

Signed..... 

Licensed Embalmer No. 3625

P. O. Address Kansas City, 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, above space should be left blank.