

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

42068  
Do not use this space.

REC'D JAN 13 1938

**1. PLACE OF DEATH**

(a) County Dickson Registration District No. 399  
 (b) Township Bellevue Primary Registration District No. 600  
 (c) City Kansas City, Mo. (d) Street No. T.B. 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 5134

**2. PRINT FULL NAME**

134 JEFF DAVIS  
 (a) Residence, No. 1416 - Bellevue St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Lou Davis (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 1873  
 7. AGE YEARS 65 MONTHS 5 DAYS 23 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lumber  
 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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31 1938  
 22. I HEREBY CERTIFY That I attended deceased from Aug. 26 1938 to Dec 31 1938  
 I last saw him alive on Dec 31 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
 Date of onset 23

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) R.C.M. T.B. Hospital  
deeds Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mr Hope Cem DATE Jan 3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Guirk & Cohen  
20 West Linwood

20. FILED Dec 31, 1938 M. M. Grome  
 Local Registrar.

Name of operation None Date of no  
 What test confirmed diagnosis Clinical Was there an autopsy? no

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 None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify None  
 (Signed) W. B. Buchanan (M. D.)  
 (Address) Kansas City, Mo.

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 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, above space should be left blank.**