

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

21028
Do not use this space.

REC'D JUL 10 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. 1002
 (c) City N. C. Mo (d) Street No. General Hospital #2 Registered No. 2296
 (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

(a) Residence, No. 128 John Davis (John Davis)
7613 Park 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jeanette Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-11-1875

7. AGE YEARS 64 MONTHS 2 DAYS 21 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Book
 9. Industry or business in which work was done, as saw mill, bank, etc. Hotel
 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) Kansas

FATHER 13. NAME Deceased Amos Davis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Deceased Jennie Miller
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

17. INFORMANT Record Clerk
 (ADDRESS) General Hospital #2

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lincoln DATE 6/5 39

19. FUNERAL DIRECTOR (NAME) Hatkins Bros
 (ADDRESS) 4729 Lyda

20. FILED June 5 1939 M. W. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-23 1938 to 6-2 1939

I last saw him alive on 6-2-39 1939 Death is said to have occurred on the date stated above, at 3:05 a.m.

The principal cause of death and related causes of importance were as follows:
Acute Congestive Heart Failure
(Left Heart)
 Other contributory causes of importance:
Hypertensive Type Heart Disease
 Date of onset 90

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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 _____
 (Signed) J. C. Brown M. D.
 (Address) General Hospital #2

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-1-12-30 I X10023

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,

T. B. Watkins

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

T. B. Watkins

Licensed Embalmer No. *2889*

P. O. Address *1729 Lyden*

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.