DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5591

Registration District No. 3999 MAR 1 1940

Primary Registration District No. 1002

Registrar's No. 816

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 807 Cherry 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether years, months or days)

In this community —

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 807 Cherry (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME INFANT DAVID LEE DAVIS

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Ma

5. Color or race W

6. (a) Single, widowed, married, divorced —

6. (b) Name of husband or wife —

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

7. Birth date of deceased 2/21-40 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	0	8 hr. 25 min.

9. Birthplace Kansas City Mo (City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Miss Margarete Davis
15. Birthplace Muskegon Heights Mich (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs L E Strong

(b) Address 807 Cherry Grandmother

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23-40 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director [illegible]

(b) Address K.C.

19. (a) 2-23-40 (Date received local registrar) (b) M. M. Crowe, asst (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 2-21-40 year hour minute 8:40 A.M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19, to, 19; that I saw h alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address K. C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 8-17-39 I X19511

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. 3254

P. O. Address. KC 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.