

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34282
3798
Registrar's No.

Registration District No. 1050

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Menorah Hospital
(d) Length of stay: In hospital or institution 1 Day
In this community 22 Years

3. (a) PRINT FULL NAME Mrs. Bessie Marguerite Davis

3. (b) If veteran, name war None
3. (c) Social Security No. 495-06-7276

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Roy L. Davis
6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased May 22 1914

8. AGE: Years 26 Months 4 Days 8
If less than one day hr. min.

9. Birthplace Fort Scott Kansas

10. Usual occupation Housewife

11. Industry or business ---

12. Name Frank W. Johnson

13. Birthplace Stockholm Sweden

14. Maiden name Ellen Douglas

15. Birthplace Cherokee County Kansas

16. (a) Informant Roy L. Davis

(b) Address 7301 Euclid

17. (a) Burial (b) Date thereof Oct. 2 1940

(c) Place: burial or cremation Evergreen (Menorah Hospital) Fort Scott, Kansas

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-1-40 (b) M. M. Brown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 7301 Euclid Avenue
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30th
year 1940 hour 11 minute 05 A.M.

21. I hereby certify that I attended the deceased from Sept. 19 1940 to Sept. 30 1940
that death occurred on the date and hour stated above.
Immediate cause of death Acute poisoning ("black flag")
Congestion of all organs.

Other conditions 163
Major findings: Of operations ---
Of autopsy Yes

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 9-30-40
(c) Where did injury occur? K.C. (City or town) --- (County) --- (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

23. Signature Arthur H. Hatcher (M. D. or other) ---
Address K.C. Mo Date signed ---

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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *K C Ms*

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, fact should be so stated above.