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

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1236

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 196

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: 4716½ Troost Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether In this community 26 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3 8

(d) Street No. 4716½ Troost Avenue (If rural, give location) 8

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

3. (a) PRINT FULL NAME Mr. Charlie J. Davis

3. (b) If veteran, name war No

3. (c) Social Security No. 487-05-9617

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Pearl C. Davis

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April (Month) 25 (Day) 1879 (Year)

8. AGE: Years 61 Months 8 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Moberly (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Granite Cutter

11. Industry or business K.C. Public Service Co.

FATHER
12. Name John Davis
13. Birthplace Monroe County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Abernathy
15. Birthplace Monroe County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Pearl Davis

(b) Address 4716½ Troost Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 1401 Brush Creek Blvd.

19. (a) Jan 14, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th year 1941 hour 3 minute 20 A. M.

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

Immediate cause of death Carcinoma of the esophagus

Due to Obstruction of common bile

Due to duct c̄ generalized icterus

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 4 6 a

Of autopsy Yes

Duration

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 [signature] (M. D. or other) 3

Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. A C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address. K C Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.