No. 2
4-13-40
-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5720 492

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

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: 4220 Prospect Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 25 Yrs.

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. 4220 Prospect Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

48 3 6 0

3. (a) PRINT FULL NAME Effie A. Davis

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Fe.

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Chas. E. Davis

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

7. Birth date of deceased March (Month) 15 (Day) 1876 (Year)

8. AGE: Years 64 Months 10 Days 16 If less than one day hr. min.

9. Birthplace Harrison (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name A. C. Holman
13. Birthplace Harrison (City, town, or county) Ark. (State or foreign country)

MOTHER
14. Maiden name Mary E. Hays
15. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Gladys Davis
(b) Address 4220 Prospect Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-40 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C.Mo.

19. (a) 2-3-41 (Date received local registrar) (b) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 1st year 1941 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from 9-13-39, 19..., to Feb 1, 1941, that I last saw her alive on 1-31-, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uterine Carcinoma. Beginning in cervix	19 mos.
Due to	
Due to	
Other conditions. (Include pregnancy within 3 months of death) Diabetes, Hypertension	
Major findings: Of operations None	
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 Margaret Jones (M.D. or other) M.D.
Address 3737 Main K.C. Mo. Date signed 2-1-41

(Licensed Embalmer's Statement on Reverse Side)

Margaret J. We. 3751.
3825 Va. Va. 2419.

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 Chas Wicks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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

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