No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37303

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4097

048

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: O K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days) In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2220 E. 12th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME VIRGIE DAVIS
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank E. Davis
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased 9 (Month) 6 (Day) 1874 (Year)
8. AGE: Years 67 Months 1 Days 25 If less than one day ____ hr. ____ min.
9. Birthplace (City, town, or county) (State or foreign country) G
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Theodore Merritt
13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary E. O'Bannon
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Joyce V. Davis
(b) Address Chicago Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-41 (Month) (Day) (Year)
(c) Place: burial or cremation St Mary's Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Kansas City
19. (a) 11-4-41 (Date received local registrar) (b) W. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1st year 1941 hour 4 minute 40 P. M.
21. I hereby certify that I attended the deceased from 10-29-41, 19__, to 11-1-41, 19__; that I last saw her alive on 11-1-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia (Clinical)	
Due to Nephrosclerosis	12 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) Subaranhnoid hemorrhage	
Cerebral arteriosclerosis	

Major findings:
Of operations
Of autopsy See above

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 Henry R. Thorn (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital 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.....

Licensed Embalmer No. 3625

P. O. Address.....

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.