

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41220

State File No. _____

4901

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH: Jackson

(a) County Kansas City

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

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

(d) Length of stay: In hospital or institution _____
In this community 35 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harry Davis

3. (b) If veteran, name war _____

3. (c) Social Security No. 486-10-2182

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Alma Davis

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Nov. 16 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>1</u>	<u>15</u>	_____hr. _____min.

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

10. Usual occupation Elevator Operator

11. Industry or business _____

MOTHER FATHER { 12. Name David Davis

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Davis

(b) Address 1817 Cypress

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

(c) Place: burial or cremation Lawrence, Kansas

18. (a) Signature of funeral director Rose & Henderson

(b) Address 15th. Jackson

19. (a) 12-31-41 (b) M. M. Crowder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Jackson (b) County Leavenworth

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

(d) Street No. 1817 Cypress
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31st day Dec
year 1941 hour 7 minute 9 M.

21. I hereby certify that I attended the deceased from Dec 30, 1941, to Dec 31, 1941
that I last saw him alive on Dec 30, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency

Due to Arterio Sclerosis

Due to Chronic Hypertension

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Duration
<u>3 months</u>
<u>3 days</u>

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations 1316

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. H. Heeler (M. D. or other) MD

Address 1701 Jackson Ave Date signed Dec 31 41

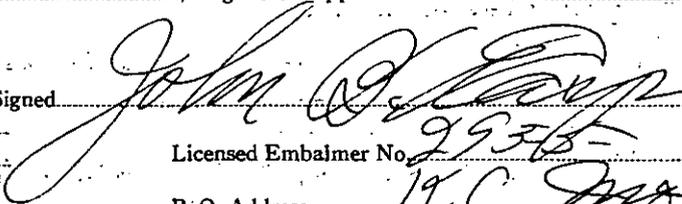
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Kansas City, Mo

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. 29365-.....

P. O. Address J.C. 748.....

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.