V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5290

State File No.

FILED MAR 16 1942

Registration District No. 349

Primary Registration District No. 1002.

Registrar's No. 860

1. PLACE OF DEATH: Jackson
(a) County
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2322 Flora 8
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Etta Davis

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March (Month) 13 (Day) 1892 (Year)

8. AGE: Years 49 Months 11 Days 14 If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Williams
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant John Davis
(b) Address 2322 Flora

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/3/42 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia

19. (a) 3/3/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1942 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Nov 1st, 1940, to Feb 27, 1942
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning

Due to Chronic interstitial Nephritis + Hypertension

Due to Chronic Interstitial

Other conditions Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131 B

Of autopsy

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 L V Miller (M. D. or other) 0
Address 1203 Paseo Date signed 3/3/42

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(Licensed Embalmer's Statement on Reverse Side)

L. V. Miller

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 Jesse J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.