V. S. No. 2
DM—9-4-42
Rev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26371

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3216

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

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 General Hospital #2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About an Hour
In this community Over ten Years (Specify whether 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") 8
(d) Street No. 2305 Tracy Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Birch Davis

3. (b) If veteran, name war no

3. (c) Social Security No. 495-10 8050

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Laura V. Davis

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Nov. (Month) 10 (Day) 1887 (Year)

8. AGE: Years 54 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Kansas (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Municipal Air Port

FATHER
12. Name Fred W. Davis
13. Birthplace Franklin Tenn 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bettie Maize
15. Birthplace Pass Christian Miss 1 (City, town, or county) (State or foreign country)

16. (a) Informant Frank B. Davis
(b) Address 2305 Tracy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Mrs. J. W. Jones
(b) Address 440 State Ave

19. (a) 8-28-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1942 hour 11 minute 40 P.M.

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

Immediate cause of death Fracture of skull

Due to 173.8

Due to

Other conditions 34
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy inspection

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) Accident
(b) Date of occurrence 8/22/42 123
(c) Where did injury occur? K.C. Mo. (City or town) Jackson Co. (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place, Municipal Airport (Specify type of place)
While at work? (e) Means of injury struck by airplane propeller

23. Signature [signature] (M. D. or other)
Address K.C. Mo. Date signed 8/24/42

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(Licensed Embalmer's Statement on Reverse Side)

Height 5 ft 8 in
Weight 200 lbs.
Eyes Brown
Hair Black.

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 W. H. West.

Licensed Embalmer No. 2710

P.O. Address K. C. Mo.

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.