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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23795

FILED AUG 6 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3153

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: St. LUKES Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS (Specify whether
In this community 4 DAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town Appleton City 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Dean Sheridan Davis
3. (b) If veteran, name war No
3. (c) Social Security No. No.
4. Sex M
5. Color or race WH
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife OLA DAVIS
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Dec. (Month) 28 (Day) 1868 (Year)

8. AGE: Years 74 Months 6 Days 21 If less than one day hr. min.

9. Birthplace MARIETTA (City, town, or county) Ohio (State or foreign country)
10. Usual occupation CUSTODIAN
11. Industry or business Appleton City High School
FATHER
12. Name FREEMAN L DAVIS
13. Birthplace UNKNOWN (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name MARGARET GRIMES
15. Birthplace UNKNOWN (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. Clay Neale
(b) Address 2939 Lockridge
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Appleton City, Mo.
18. (a) Signature of funeral director D.W. Newcomb's Sons
(b) Address 1401 Brush Creek KC Mo.
19. (a) 7-19-43 (Date received local registrar) (b) D. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th year 1943 hour 10 minute 10 P.M.
21. I hereby certify that I attended the deceased from 7/16, 1943 to 7/19, 1943 that I last saw him alive on July 19, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	?
Due to Benign Prostatic Hypert.	?
Due to 137a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy none

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? (f) Means of injury
23. Signature H. E. Carlson (M. D. or other)
Address 1530 Prof Bldg. Date signed July 19

(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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

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.