V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36571

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 6013

Registrar's No. 593

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: Marty Clinical Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Jackson~~

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

(d) Street No. Osgood, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ALONZO CALLIWAN DAVIS

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Viola

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Nov. 12, 1869 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	2	21	hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business Retired

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

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

16. (a) Informant Austin Davis

(b) Address Belgrade, Nebr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/44 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 2-5-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1944 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from Feb 3rd, 1944 to Feb 3rd, 1944
that I last saw him alive on Feb 3rd, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Arterial Hypertension	
Due to	
Other conditions Otitis Media (Include pregnancy within 3 months of death) Mastoiditis	

Major findings:
Of operations
Of autopsy 93e'

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 A. M. Adkins (M. D. or other) D O
Address 423 Lee Bldg Date signed Feb 4-1944

(Licensed Embalmer's Statement on Reverse Side)

Dr. Adkins
See Bldg.
Before 6

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 [illegible]

Licensed Embalmer No. 2244

P. O. Address.....

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.