No. 2
—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16971

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2247

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:
3316 Charlotte /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 18 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3316 Charlotte
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HAZEL R. DAVIS

3. (b) If veteran, name war None

3. (c) Social Security No. 514-09-9642

4. Sex Female

5. Color or race Wh /

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

6. (b) Name of husband or wife Bert F. Davis

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May (Month) 1 (Day) 1912 (Year)

8. AGE:

Years	Months	Days	If less than one day
32	0	21	hr. min.

9. Birthplace Calico Rock (City, town, or county) Arkansas / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Perry Stroud
13. Birthplace Boonville (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Minnie B. Ross
15. Birthplace (City, town, or county) Arkansas / (State or foreign country)

16. (a) Informant Bert F. Davis
(b) Address 3316 Charlotte

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Arkansas

18. (a) Signature of funeral director [signature]
(b) Address 7406 Wornall Rd., K.C. Mo.

19. (a) 5-25-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22 day May
year 1944 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from 1/21/43, 19__, to 5/22/44, 19__;
that I last saw her alive on 5/22/44, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix with lymphatic dissemination to lungs. Duration

Due to

Due to 48 h

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

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 0

23. Signature [signature] (M. D. or other)

Address 830 Apple Bldg K.C. Mo. Date signed 5/22/44

3 6p

(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.....

Licensed Embalmer No. 2810

P. O. Address. Y. 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.