

FILED **JUL 19 1944**

Registration District No. _____ Primary Registration District No. **1002** Registrar's No. **2806**

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:
Wheatley Provident
 (If in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6/23 to 7/4/44**
 (Specify whether _____)
 In this community **1 1/2** years
 (years, months or days)

3. (a) PRINT FULL NAME **Edith Geneva Davis**
 3. (b) If veteran, name war **no.**
 3. (c) Social Security No. **497-24-9026**

4. Sex **Female** 5. Color or race **Negro**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **William Lloyd Davis Jr.**
 6. (c) Age of husband or wife if alive **42** years
 7. Birth date of deceased **March 22 1914**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 3 12 hr. min.

9. Birthplace **Clarksville, Texas**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Teacher**

11. Industry or business _____

MOTHER FATHER { 12. Name **Sumpter Shazier**
 13. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Ella Gibson**
 15. Birthplace **Jefferson, Texas**
 (City, town, or county) (State or foreign country)

16. (a) Informant **William Lloyd Davis Jr.**
 (b) Address **2615 Wabash, K.C. Mo.**

17. (a) **Removal** (b) Date thereof **7-6-1944**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clarksville, Texas**

18. (a) Signature of funeral director **E. Stealing Balla**
 (b) Address **1212 Vine St. K.C. Mo.**

19. (a) **7-6-44** (b) **H. E. Brown**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2615 Wabash**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4**
 year **44** hour **9** minute **45 AM.**
 21. I hereby certify that I attended the deceased from **July 9** to **July 19**
 19 **44** to **19 44**
 that I last saw him alive on **July 19** and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia**
morbus
 Due to **Septic Sore throat**
 Due to _____

Other conditions **Pregnant (Delivered at 7 months)**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations **150°C**
 Of autopsy _____
 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? _____

While at work? _____ (Specify type of place) _____
 (c) Means of injury _____
 23. Signature **J. M. Walden** (M. D. or other) _____
 Address **11738 Grand** Date signed **7-5-44**

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

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

E. Sterling Bell

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., 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.