. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22887

State File No.

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 3136

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 23-DAYS (Specify whether years, months or days)
In this community 45 YEARS

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")
(d) Street No. 504 Benton 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Luella Davis

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or ~~wife~~ MR. CHARLES A. DAVIS

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

7. Birth date of deceased FEBRUARY (Month) 19 (Day) 1859 (Year)

8. AGE: Years 86 Months 5 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace WARSAW (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ---

MOTHER FATHER

12. Name ELIZAH RAMSEY

13. Birthplace UNKNOWN (City, town, or county) KENTUCKY (State or foreign country)

14. Maiden name MARY CANADA

15. Birthplace UNKNOWN (City, town, or county) TENNESSEE (State or foreign country)

16. (a) Informant NELL RAMSEY
(b) Address 3345 BENTON BLVD.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 27 1945 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ LAUREL OAK CEMETERY WINDSOR, MISSOURI

18. (a) Signature of funeral director D. M. Newcomer's Son
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 7-26-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1945 hour 2 minute 55 P. M.

21. I hereby certify that I attended the deceased from June 2 45, 19..., to July 24 45, 19...; that I last saw her alive on July 24 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: intertrochanteric fracture right hip

Due to: Bronchopneumonia

Due to:

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

Major findings: Of operations:

Of autopsy:

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 June 2, 1945 12.3
(c) Where did injury occur? Kansas City (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home
While at work? no (Specify type of place) (e) Means of injury fall

23. Signature Clark W. Sedy M.D. (M. D. or other)
Address Med. Dir. K.C. General Hospital Date signed

361 (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 H C Newcomer Jr

Licensed Embalmer No. 4043

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.