

BUREAU OF THE CENSUS
FILED MAR 11 1946

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 851

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1233 Tracy
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 3

(d) Street No. 1233 Tracy
(If rural, give location) 8

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

If yes, name country _____

3. (a) PRINT FULL NAME Samuel H. Davis

3. (b) If veteran, name war no

3. (c) Social Security No. 486-03-1342

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17
year 1946 hour 5 minute 30 A.M.

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Stella Davis

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

7. Birth date of deceased January 15, 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 15
1945 to Feb 17, 1946
that I last saw him alive on Feb 17, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>58</u>	<u>1</u>	<u>2</u>	hr. _____ min.
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Immediate cause of death

Cerebral Apoplexy 72 hr

Due to Hypertension 720

Due to Myocardial Infarction 720

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

10. Usual occupation Laborer

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Willis Davis

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

14. Maiden name Anna Louis

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

16. (a) Informant Hattie Adams

(b) Address 1233 Tracy

17. (a) Burial (b) Date thereof 2-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

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? _____

18. (a) Signature of funeral director W Atkins Bros

(b) Address 1729 Sycamore

19. (a) 2-20-46 (b) Stella Davis Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature Stella Davis Holmes (M. D. or other) M.D.

Address 8434 Sims Date signed 2-23-46

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

MOTHER, FATHER

361

Dr. H. H. H. H.

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.....

Lawrence A. Jones
working under my personal supervision.

Registered Apprentice No. *378*

Signed *J. Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

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.