

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16620**
Registrar's No. **2266**

Registration District No. **149** Primary Registration District No. **1002**

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: **RESEARCH HOSPITAL 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7-DAYS** (Specify whether years, months or days)
In this community **19 YEARS**

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. **4409 EAST-39TH STREET** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MR. WILLIAM EDGAR DAVIS**
(b) If veteran, name war **No**
(c) Social Security No. **714-05-7186**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MAY** day **19TH** year **1946** hour **2** minute **15 P.** M.
21. I hereby certify that I attended the deceased from **10** 19**44** to **May 19** 19**46**, that I last saw him alive on **May 19** 19**46** and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MRS. GLADYS R. DAVIS**
6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **OCTOBER 19 1886**
(Month) (Day) (Year)

Immediate cause of death **Coronary Thrombosis**
Due to **unknown**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years **59** Months **7** Days **0**
If less than one day hr. _____ min. _____

Major findings: Of operations **94a**
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace **VERNON COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **BAGGAGE & EXPRESS MESSENGER**

11. Industry or business **RAILWAYS EXPRESS AGENCY**

12. Name **SAM. DAVIS**

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

14. Maiden name **MALICA ANN PATTERSON**

15. Birthplace **WRIGHT COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. GLADYS R. DAVIS**

(b) Address **4409 EAST-39TH STREET**

17. (a) **BURIAL** (b) Date thereof **MAY 21 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. MORIAH CEMETERY**

18. (a) Signature of funeral director **W. H. Newcomer's Sons**

(b) Address **1401-BROOK CREEK BLVD.**

19. (a) **5-21-46** (b) **Gertrude Holmes**
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
23. Signature **Harold A. Palmiter** (M.D. or other) _____
Address **1132 1/2nd St** Date signed **5/19/46**

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

15502

1132 Professional Seal
11:30-6

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kemo

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.