

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20896
Registrar's No. 2789

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 2924 Harrison
(d) Length of stay: In hospital or institution 30 years
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2924 Harrison
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME OSCAR JOSEPH DAVIS
3. (b) If veteran, name war No
3. (c) Social Security No. 494-20-8143

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 30 year 1947 hour 3 minute 45 A.M.
21. I hereby certify that I attended the deceased from July 1946 to June 30, 1947

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Lola M. Davis
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased May 7, 1889

that I last saw him alive on June 30, 1947 and that death occurred on the date and hour stated above.
Immediate cause of death Aortic stenosis and regurgitation congestive heart failure unknown

8. AGE: Years 58 Months 1 Days 21 If less than one day hr. min.

9. Birthplace Butler Mo.

10. Usual occupation Iron molder

11. Industry or business

12. Name William Davis - Sr.
13. Birthplace Mo.

14. Maiden name Ann Connor
15. Birthplace Butler Mo.

16. (a) Informant Mrs. Lola Davis
(b) Address 2924 Harrison

17. (a) Burial, cremation, or removal Burial
(b) Date thereof 7-2-47

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Humphreys
(b) Address Pleasant Hill, Mo.

19. (a) 7-1-47 (b) Geraldine Holmes

Due to
Due to

Other conditions Syphilis

Major findings: Of operations 308
Of autopsy

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?
(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 A. P. Spafford (M. D. certifies)
Address Argyle, Mo. Date signed 7-1-47

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

MOTHER FATHER

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.....
By me 6-30-47.....; Registered Apprentice No.....
working under my personal supervision.

Signed *Allen Brunsford*.....

Licensed Embalmer No. *3785*.....

P. O. Address *Pleasant Hill*.....

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.