S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34434

FILED NOV 8 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4499

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 1823 East 16th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 45 Years
years, months or days)

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. 1823 East 16th Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Dillard Davis
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Lula Davis
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased November (Month) - 1884 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	11	—	hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country) 1
10. Usual occupation Laborer 1
11. Industry or business
FATHER
12. Name Unknown 0
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 4
16. (a) Informant Lula Davis 1
(b) Address 1823 East 16th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director Gathins Bros
(b) Address 1729 Lydia Avenue
19. (a) 10-28-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26th
year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Deputy to Coroner, 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Hypertensive Heart Disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No-Permit

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

93d

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

23. Signature H. Williams (M. D. or other) M. C.
Address 2636 Brooklyn Date signed 10-28-47

Jefferson City Printing Co.

(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 J. F. Manlove

Licensed Embalmer No. 3944

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.