S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38088

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4721

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: 7432 HIGHLAND AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
(Specify whether
In this community 30 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. 7432 HIGHLAND AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME CORA. B. 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 MARRIED
6. (b) Name of husband or wife MR. LOUIS W. DAVIS
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased JANUARY (Month) 11 (Day) 1887 (Year)

8. AGE: Years 60 Months 9 Days 29 ~~30~~ If less than one day ..... hr. ..... min.

9. Birthplace HIAWATHA (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business ---
FATHER
12. Name CHARLES F. GARRETT
13. Birthplace JOHNSTOWN (City, town, or county) WEST VIRGINIA (State or foreign country)
MOTHER
14. Maiden name LEAH LITTLE
15. Birthplace JOHNSTOWN (City, town, or county) WEST VIRGINIA (State or foreign country)
16. (a) Informant MR LOUIS W. DAVIS
(b) Address 7432 HIGHLAND AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-12-1947 (Month) (Day) (Year)
(c) Place: burial or cremation MT. MORIAH CEMETERY
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 11-12-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 10 TH year 1947 hour 5 minute 30 P. M.

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

	Duration
Immediate cause of death Coronary thrombosis	
Due to Pulmonary edema	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
Of autopsy yes as above	

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

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 3

23. Signature [illegible] (M. D. ~~or other~~) Coroner
Address 1424 [illegible] Date signed 11-11-47

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

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.