S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41626
Registrar's No. 5314

Registration District No. 119 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: 1318 East 16th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 11 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 1318 East 16th St. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Emma Jane Davis
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: James Davis
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: December 8, 1886 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	0	7	____ hr. ____ min.

9. Birthplace: Dalton, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: At home
11. Industry or business: ____
MOTHER FATHER
12. Name: Lucous Hurtt
13. Birthplace: Dalton, Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Harriette
15. Birthplace: Dalton, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Helen McGill
(b) Address: 1318 East 16th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery
18. (a) Signature of funeral director: Stockton Bros.
(b) Address: 1729 Lydia Ave.
19. (a) 12-18-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15 year 1947 hour 1 minute 15 P. M.
21. I hereby certify that I attended the deceased from 12/23 1946 to 12-15 1947 that I last saw her alive on 12/15 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Decompensation	1
Due to: Chronic Valvular Heart Disease	1 year
Due to:	
Other conditions: Generalized Edema (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

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): no
(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: L. M. Tillman (M. D., or other) M.D.
Address: 1618 Lydia Date signed: 12/17/47

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 Bruce Riley, Registered Apprentice No. 511, working under my personal supervision.

Signed J. Jerome 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.