

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19438

State File No. _____

FILED JUL 12 1948

Registrar's No. 2744

Registration District No. 149

Primary Registration District No. 1002

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

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:
1832 Benton Blvd. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community 20 Years
years, months or days

3. (a) PRINT FULL NAME Mary 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 Willie Davis 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 22, 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace: Boynton, Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Willie Wright
 13. Birthplace Boynton, Oklahoma
(City, town, or county) (State or foreign country)
 14. Maiden name Myle Sears
 15. Birthplace Boynton, Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Waugh
 (b) Address 2540 Park Avenue

17. (a) Removal (b) Date thereof July 3, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muskogee, Oklahoma

18. (a) Signature of funeral director Dathini Bras
 (b) Address 1702 9th Lydia Avenue

19. (a) 7-2-48 (b) Terraldine Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 9
(If outside city or town limits, write "RURAL")
 (d) Street No. 1832 Benton Blvd. 8
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th
 year 1948 hour 2 minute A M.

21. I hereby certify that I attended the deceased from June 8
1948 to June 28 1948
 that I last saw him alive on June 27 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death
Fracture left tibia
Pneumonia

Due to _____
 Due to _____

Other conditions
(Include pregnancy within 3 months of death)
1810

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) ~~Accident~~, suicide, or homicide (specify) yes 123
 (b) Date of occurrence June 7, 1948
 (c) Where did injury occur? Kansas City, Jackson Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Name

While at work _____ (Specify type of place)
 Means of injury Automobile

23. Signature Robert Fleming (M.D. or other)
 Address 1433 E 19th St Date signed 6/30/48

1 Cert. copy

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. Jerome Manlove*
Licensed Embalmer No. *2503 Highland*
P. O. Address *3994*

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.