

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1949

15803
State File No. 15838
Registrar's No. 15838

BIRTH NO. _____		REG. DIST. NO. 147		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 10 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 720 West 11th St.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3200 Norledge K.C. Conv. Home							
3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) Tracy c. (Last) Davis			4. DATE OF DEATH (Month) May (Day) 12 (Year) 1949				
5. SEX Fe	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 21 1878	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 1 WEEK Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Stillwell Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William Davis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.R. Hadle Kansas City, Kans.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy, cerebral. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychoneurosis, mod.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 7, 1949 to May 12, 1949 , that I last saw the deceased alive on May 12, 1949 , and that death occurred at 10:55 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul E. Pearson				23b. ADDRESS 1025 Pitts Bldg K.C.		23c. DATE SIGNED 5/12/49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May 12 1949		24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Olathe Kansas	
DATE REC'D BY LOCAL REG. 5-12-49		REGISTRAR'S SIGNATURE Sheraldine Holman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster Funeral Home K.C. MO/			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Joe B Yoder

Signed _____
Student Embalmer

Licensed Embalmer No. *4173*

P. O. Address *R 6 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.