

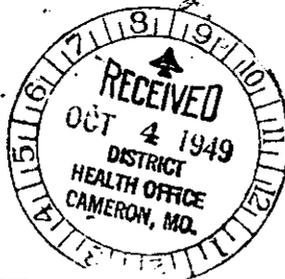
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29757

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

31
06

BIRTH NO. _____		REG. DIST. NO. 98		PRIMARY REG. DIST. NO. 5369		Registrar's No. 91			
1. PLACE OF DEATH a. COUNTY <u>Davies</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheridan TWP.</u>		c. LENGTH OF STAY (In this place) <u>11 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		460			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural - - - -</u>				d. STREET ADDRESS (If rural, give location) <u>701 15th St. 1128 Oakley St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eli</u> b. (Middle) <u>Frank</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 15 1949</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 24 1898</u>			
9. AGE (In years last birthday) <u>51</u>		Months <u>4</u> Days <u>17</u> Hours <u>-</u> Min <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Linn County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		13a. FATHER'S NAME <u>Frank W. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Malone</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-10-5040</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Crna Davis</u>		ADDRESS <u>Gallatin Mo</u>			
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) <u>Strangulation due to reef impared hanging</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>see impared hanging</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Has been evidently in family</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8974x</u>	
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) <u>SUICIDE</u>		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) (Min)		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 <u>after death</u> , to _____, 19____, that I last saw the deceased <u>alive on 9-11, 1949</u> , and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Lloyd E. Nelson (Coroner) D.O.</u>				23b. ADDRESS <u>Gallatin Mo.</u>		23c. DATE SIGNED <u>9-16-49</u>			
24a. FUNERAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hesperonville Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Hesperonville Mo</u>			
DATE REC'D BY LOCAL REG. <u>26 Sept 1949</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Crna Fawcett</u>		ADDRESS <u>Homer Hamilton Mo</u>			



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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Morris A. Brown

Licensed Embalmer No. 3918

P. O. Address Hamilton 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.