

FILED SEP 17 1949

STANDARD CERTIFICATE OF DEATH

State File No. 30192

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3735</u>		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS City</u>		c. LENGTH OF STAY (In this place) <u>39 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS City</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1609 Cypress</u>				d. STREET ADDRESS (If rural, give location) <u>1609 Cypress 23</u>				
3. NAME OF DECEASED a. (First) <u>MARQUERITE</u>			b. (Middle) _____		c. (Last) <u>DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 27, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>July 16, 1910</u>		9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>ADVERTISING-PENCIL</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS City, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>	
13a. FATHER'S NAME <u>Joseph DANZO</u>			13b. MOTHER'S MAIDEN NAME <u>HELEN</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES E. DAVIS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>556-14-8533</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles E. Davis, 1609 Cypress</u>				ADDRESS
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma, Cervical</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Cervix Uteri</u>						<u>21 mos.</u>	
	DUE TO (c) _____							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>191X</u>							
19a. DATE OF OPERATION <u>27 Aug 49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Radical Cervical Hysterectomy</u>					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 <u>17 Jan, 1948</u> , to <u>27 Aug 1948</u> , that I last saw the deceased alive on <u>26 Aug, 1949</u> , and that death occurred at <u>9:55 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R. Glenn Elliott</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1102 Grand K.C. Mo</u>		23c. DATE SIGNED <u>27 Aug 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 29, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS City Missouri</u>			
DATE REC'D BY LOCAL REG. <u>8-30-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Quirk & Son 20th Linwood</u>				ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

R. Blount Smith

1

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.

Student
Student Embalmer

Signed *Maudie Adams*

Licensed Embalmer No. *4016*

P. O. Address *20 W. Lawrence*

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.