No. 300
10.48

FILED JUL 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24445

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 25

1920
3

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

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cuiver (Rural)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City 3398
d. STREET ADDRESS (If rural, give location) 2624 Garfield 1

3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) J. c. (Last) Davis

4. DATE OF DEATH (Month) July (Day) 16 (Year) 1950

5. SEX Male ✓
6. COLOR OR RACE Black
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH Feb. 28, 1919
9. AGE (In years last birthday) 31 IF UNDER 1 YEAR Months 4 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Postal Service
11. BIRTHPLACE (State or foreign country) Arkansas 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Nancy Davis
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 499-07-7865
17. INFORMANT'S SIGNATURE OR NAME Thomas Hill ADDRESS Kansas City

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck due to automobile accident

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.

INTERVAL BETWEEN ONSET AND DEATH

6 3224 32

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 092
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street
21c. (~~CITY, TOWN OR~~ TOWNSHIP) Cuiver (COUNTY) St. Charles (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-16-50 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Car turned over

22. *I hereby certify that I attended the deceased from* Held an inquest on July 16, 1950, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Maris Murchany (Degree or title) Coroner
23b. ADDRESS Wentzville Mo
23c. DATE SIGNED 7-16-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4
24b. DATE July 16, 1950
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Kansas City (State) Mo

DATE REC'D BY LOCAL REG. July 19 1950
REGISTRAR'S SIGNATURE Martin F. Poff 408
25. FUNERAL DIRECTOR'S SIGNATURE Maris Murchany ADDRESS Wentzville

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 1950

MAR 9 1951

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 Marie Murchany

Licensed Embalmer No. 2461

P. O. Address Westmoreland Me

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.