

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33514**
4492

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (in this place) 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. STREET ADDRESS (If rural, give location) 2412 Euclid

3. NAME OF DECEASED
a. (First) George b. (Middle) _____ c. (Last) Davis
4. DATE OF DEATH (Month) (Day) (Year) 10 3 1951

5. SEX Male 6. COLOR OR RACE 2 - Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 11-20-99 9. AGE (In years last birthday) 51 10. IF UNDER 1 YEAR: Months 10 Days 3 11. IF UNDER 1 MIN. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECTION HAND 10b. KIND OF BUSINESS OR INDUSTRY Santa Fe RR. 11. BIRTHPLACE (State or foreign country) Richmond, Indiana 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Ed Davis 13b. MOTHER'S MAIDEN NAME Annie 14. NAME OF HUSBAND OR WIFE Ruby 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. 496-09-9093 17. INFORMANT'S SIGNATURE OR NAME Mr. Lehmyer General Hosp. #2 ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease with Cardiac Insufficiency
ANTECEDENT CAUSES Cardiac Insufficiency
DUE TO (b) B
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS 1. Bronchial Asthma
2. Latent Syphilis
Conditions contributing to the death but not related to the disease or condition causing death
INTERVAL BETWEEN ONSET AND DEATH 4200

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9-20, 1951, to 10-3, 1951, that I last saw the deceased alive on Oct. 2, 1951, and that death occurred at 6:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR E. Frank Ellis (Degree or title) _____ 23b. ADDRESS 600 East 22nd Street 23c. DATE SIGNED 10-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 10-22-51 24c. NAME OF CEMETERY OR CREMATORY K. & C. College Station 24d. LOCATION (City, town, or county) (State) 2117 Ind. Co. K. Mo.

DATE REC'D BY LOCAL REG. 10-22-51 REGISTRAR'S SIGNATURE Maldine Holmes FUNERAL DIRECTOR'S SIGNATURE Brigham & Jones ADDRESS 2300 E. 18th

(Licensed Embalmer's Statement of Reverse Side)

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *Laurence A. Jones*.....
Student Embalmer No.....

Licensed Embalmer No. *4429*

P. O. Address *2300 East 18th*

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.