

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37241

4775

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4775</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) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>Over 40 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>2208 Forest Avenue</u>		2328 2300																	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luther</u>			b. (Middle) <u>Melvin</u>			c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11/ 4/ 1951</u>																
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>2/24/79</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>10</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>													
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>Warrensburg, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>													
13a. FATHER'S NAME <u>Henry Davis</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Baldwin</u>				14. NAME OF HUSBAND OR WIFE <u>Luada Davis, deceased</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>495-05-6046</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Theresa Hickcox</u>				ADDRESS <u>2208 Forest</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, asthma, etc. It means the disease, injury, or complication which caused death.												MEDICAL CERTIFICATION												INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>												Arteriosclerosis												$\frac{1}{2}$ hour	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>												None												10 years	
DUE TO (c) _____												None												?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.												None												4201	
19a. DATE OF OPERATION <u>None</u>				19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>													
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</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) _____		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>June</u> , 19 <u>48</u> , to <u>Nov. 4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov. 4</u> , 19 <u>51</u> , and that death occurred at <u>7:55 p.m.</u> , from the causes and on the date stated above.																									
23a. SIGNATURE <u>Bruce P. McDonald, M.D.</u> (Degree or title)						23b. ADDRESS <u>2604 Prospect Avenue</u>				23c. DATE SIGNED <u>11/8/51</u>															
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/9/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>																	
DATE REC'D BY LOCAL REG. <u>11-9-51</u>				REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>West, Appleton & Jones, Inc.</u> ADDRESS <u>1905 / Vine</u>																	

(Licensed Embalmer's Statement on 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 2710

P. O. Address B. C. M. O.

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.