

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27186**

FILED SEP 15 1952

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 953
1. PLACE OF DEATH a. COUNTY Duchman 0117		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (In this place) 204 222 1/2 days	c. CITY (If outside corporate limits, write RURAL and give township) 3908 TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #2		d. STREET ADDRESS (If rural, give location) Little Blue County Home		
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle)	c. (Last) Davis	4. DATE OF DEATH (Month) (Day) (Year) 9-4-52
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Nov 4-1881	9. AGE (In years last birthday) 71 If under 1 year: Months 10 Days 0 If under 24 hrs: Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME E.P. Davis		13b. MOTHER'S MAIDEN NAME Ellen Miller	14. NAME OF HUSBAND OR WIFE None	
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. none	17. INFORMANT'S SIGNATURE OR NAME Maud Miller ADDRESS 2000 Central St. K.C. Mo	
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) Pulmonary Tuberculosis ANTECEDENT CAUSES DUE TO (b) arterio sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? 002X YES <input type="checkbox"/> NO <input 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) (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 from Jan 1, 1922 , to Sept 4, 1952 , that I last saw the deceased alive on Sept 4, 1952 , and that death occurred at 11 A m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Forrest Thomas M.D.		23b. ADDRESS St. Joseph Mo of State Hospital	23c. DATE SIGNED 9/4-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 9/4/1952	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Kirkville Missouri	
DATE REC'D BY LOCAL REG. Sept 11, 1952	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Newton Bowman ADDRESS Funeral Home St. Joseph Mo.		

(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.

Signed Eugene Wood

Signed _____
Student Embalmer

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St. Joseph, 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.

[Handwritten scribbles and illegible text at the bottom of the page]