No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15840

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2048

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

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY
c. LENGTH OF STAY (In this place) 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GENERAL #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 2215 Flora 3328 0

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

4. DATE OF DEATH (Month) May (Day) 4 (Year) '54

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and State or Foreign Country) Unknown 9
12. CITIZEN OF WHAT COUNTRY? --

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

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unk.
17. INFORMANT'S SIGNATURE OR NAME Mrs. F.C. Wynn ADDRESS 2215 Flora

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

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. 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) m.
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* 4-7-54, 19__, *to* 5-4-54, 19__, *that I last saw the deceased alive on* 5-4, 1954, *and that death occurred at* 5:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE E. Frank Ellis (Degree or title) MD
23b. ADDRESS 600 E. 22nd St.
23c. DATE SIGNED 5-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5/9/54
24c. NAME OF CEMETERY OR CREMATORY Woodlawn
24d. LOCATION (City, town, or county) K.C. Ks. (State)

DATE REC'D BY LOCAL REG. 5-7-54
REGISTRAR'S SIGNATURE Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE Bryhan & Jones ADDRESS 18th & Park

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.