

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40497**BIRTH NO. **87273-55** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5695**

1. PLACE OF DEATH a. COUNTY JACKSON		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) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Queen of World Hospital		d. STREET ADDRESS (If rural, give location) 908 E 25th Street	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) ROBERT	b. (Middle) Lewis	c. (Last) DAVIS JR	(Month) (Day) (Year) 12-27-55
5. SEX M	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 12-24-55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 3 IF UNDER 1 YEAR: Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert L. Davis SR		13b. MOTHER'S MAIDEN NAME Tweedie Smith	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Robert Davis	
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.		ADDRESS 908 E 25th St	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		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) Immaturity			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Dec. 24, 1955 , to Dec. 27, 1955 , that I last saw the deceased alive on Dec. 27, 1955 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Starks J. Williams (Degree or title)		23b. ADDRESS 2462 A. Brooklyn Ave. No.	
23c. DATE SIGNED 12-28-55			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12-31-55	
24c. NAME OF CEMETERY OR CREMATORY Highland		24d. LOCATION (City, town, or county) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 12-29-55		REGISTRAR'S SIGNATURE Neva Marshall	
25. FUNERAL DIRECTOR'S SIGNATURE Walter Bear		ADDRESS Fairbenton	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A

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.

Student Embalmer No.....

Signed *Bruce P. Watten*

Signed.....
Student Embalmer

Licensed Embalmer No. *4500*

P. O. Address *18th Benton*

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

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