Health, Welfare Public Service

300 1 -57

FILED FEB 27 1959

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-005505
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 823

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes [#] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1233 W. 63rd. st. Terr. — Length of stay in 1b: 38 yrs.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 1233W. 63rd. st. terr. — Reside on Farm: Yes [ ] No [#]

**3. NAME OF DECEASED** (Type or print): First: Manvel Middle: H. Last: Davis

**4. DATE OF DEATH** Month Day Year: Feb. 10, 1959

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. MARRIED** [#] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

**8. DATE OF BIRTH:** April 7, 1891

**9. AGE** (In years last birthday): 67 — 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): Lawyer

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (City and state or country): Greensburg Kansas

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME:** John W. Davis

**13b. MOTHER'S MAIDEN NAME:** Isabel Hogan

**14. NAME OF HUSBAND OR WIFE:** Mrs. Genevieve Davis

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W. #1 & #2

**16. SOCIAL SECURITY NO.:** none

**17. INFORMANT** Address: Mrs. Genevieve Davis 1233 W. 63St. Terr.

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Bladder — 1 yr +.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**19. WAS AUTOPSY PERFORMED?** YES [X] NO [ ]

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from Mar 25, 1958 2-10-59 and last saw her/him alive on 2-10-59
Death occurred at 7:30 pm. 2/10/59 K.C., Mo. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Arnold V. Arms M.D.

**22b. ADDRESS:** 4635 Wyandotte K.C. Mo.

**22c. DATE SIGNED:** 2/11/59

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE:** 2/13/59

**23c. NAME OF CEMETERY OR CREMATORY:** Forest Hill

**23d. LOCATION** (City, town, or county) (State): Kansas City Mo.

**24. FUNERAL DIRECTOR** ADDRESS: Stine & McClure K. C. Mo.

**25. DATE RECD. BY LOCAL REG.:** 2-13-59

**26. REGISTRAR'S SIGNATURE:** Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Arnold V. Arms

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 .....
Signature of Student Embalmer

Signed William W. Turner

Licensed Embalmer No. 4678

P. O. Address K. C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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