REC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1336
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No.
(b) Township Kaw Primary Registration District No. Registered No. 349
(c) City Kansas City (d) Street No. General Hospital #2 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 120 Roy Davis
(a) Residence, No. 1730 Michigan St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE Col
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Davis.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6. 1901
7. AGE YEARS 37 MONTHS 4 ~~5~~ DAYS ~~20~~ 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Watchman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roanoke Mo. 0

FATHER
13. NAME William Davis 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

MOTHER
15. MAIDEN NAME Emma Tank
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mary Davis 1413 Kenington
18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln DATE 1-30-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Irving + Brady 1513 Troost
20. FILED Jan. 27, 1939 M. M. Crowe, asst. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28-39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

2nd + 3rd Degree Burns of body
Clothing caught fire in open
no building in frame

Date of onset

Other contributory causes of importance:

Name of operation ....., Date of ....
What test confirmed diagnosis? Hospital Was there an autopsy? ....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-13-38
Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Burn of Body Clothing caught fire
Nature of injury Burn of Body

24. Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....
(Signed) Russell W. Bean, M. D.
(Address) Kan

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.