

No. 2  
-10-39  
7-39  
X21492

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30904  
Registrar's No. 3467

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1311 E 8<sup>th</sup>  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 yrs -  
years, months or days (Specify whether N)  
In this community Orville years, months or days

3. (a) PRINT FULL NAME Orville F. Davis

3. (b) If veteran, name war No  
3. (c) Social Security No 702-03-7760

4. Sex Mal 5. Color or race W  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Phyllis Davis  
6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Jan 7<sup>th</sup> 1912  
(Month) (Day) (Year)

8. AGE: Years 27 Months 7 Days 29 hr 0 min

9. Birthplace Henryetta Okla  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business 0

12. Name Ray L Davis  
13. Birthplace Okla  
(City, town, or county) (State or foreign country)

14. Maiden name Lou Chappell  
15. Birthplace Mo  
(City, town or county) (State or foreign country)

16. (a) Informant Ray L Davis  
(b) Address 1311 E 8<sup>th</sup>

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4  
(Month) (Day) (Yr)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director M. M. Crowe  
(b) Address KCMo

19. (a) Sept. 4, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1311 E 8<sup>th</sup>  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 3 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31<sup>st</sup> year 1940 hour 9:00 minute P M.

21. I hereby certify that I attended the deceased from July 26<sup>th</sup> 1940 to Aug 31<sup>st</sup> 1940.  
that I last saw him alive on Aug 31<sup>st</sup> 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung Duration 6 months

Due to Nephroses of Kidney  
Due to (Primary)

Other conditions (Include pregnancy within 3 months of death) 51

Major findings: Of operations x Ray  
Of autopsy 51

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ Means of injury 3

23. Signature Dr. J. G. Carter (M. D. or other) MD  
Address 1002 Chapman Bldg Date signed Sept. 4, 1940

*Dr. Putter*  
*1002 Chambers*  
*12<sup>th</sup> & Walnut*

JAN 21 1954

**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 *John B. Putter*  
Licensed Embalmer No. *3754*  
P. O. Address *KC 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, above space should be left blank.**