No. 2
-1-4-41
-17-39
X26396

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 24070

FILED AUG 16 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2609

48
3
8

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

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town KansasCity
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1308 East 41st Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether
In this community 35 Years 1
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 048

(a) State Missouri (b) County Jackson 3

(c) City or town KansasCity 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1308 East 41st Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mr. Charles Alexander Davis

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Louella Davis

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased April (Month) 9 (Day) 1857 (Year)

8. AGE: Years 84 | Months 3 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace Calloway County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name M.A. C. Davis
13. Birthplace Calloway County (City, town, or county) Missouri (State or foreign country) 2

MOTHER
14. Maiden name Mary Ellen Comer
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs Louella Davis
(b) Address 1308 East 41st Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Oak Cem., Windsor, Mo.

18. (a) Signature of funeral director D. H. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) July 11 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 10
year 1941 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from Dec 14, 1940 to July 10, 1941
that I last saw him alive on July 9, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart Disease
(1) Mitral Insufficiency
Due to (2) " Regurgitation
(3) Degenerative Myocarditis
Due to
Other conditions None 92B
(Include pregnancy within 3 months of death)

Major findings:
Of operations As stated 92B
Of autopsy None

Duration

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 None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature E. P. Monahan (M. D. or other) MD
Address 311 Argyle Date signed 7/10/41

(Licensed Embalmer's Statement on Reverse Side)

Dr E. R. Monar
Vi 1825
Angyle

## 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 comply wi the above constitutes grounds for revocation of license.)**

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