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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24257

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2796

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

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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: 1 mo. General Hosp. #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 1 mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048 3 8
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1704 E 26th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Loretta Davis
3. (b) If veteran, name war No
3. (c) Social Security No. — No
4. Sex Fe 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Baby
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 21 (Day) 1941 (Year)

8. AGE: Years | Months 5 | Days 3. | If less than one day hr. min.

9. Birthplace Fisher (City, town, or county) Ho 1 (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Luther Davis
13. Birthplace Fisher (City, town, or county) Ho. 1 (State or foreign country)
MOTHER
14. Maiden name Lillie Mae Speed
15. Birthplace Fisher (City, town, or county) Ho. 1 (State or foreign country)
16. (a) Informant Lillie Mae Davis
(b) Address 1704 E. 26th Apt. 7
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 28 41 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cem.
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th
19. (a) 7-26-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 7-24-41
year hour minute 8:35 P. M.
21. I hereby certify that I attended the deceased from 19 , to 19 ;
that I last saw the deceased alive on 19 ;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Due to Acute pulmonary edema
Due to (Cause unknown)
Other conditions
(Include pregnancy within 3 months of death) 111 C
Major findings:
Of operations 111 C
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) 3
Address K. C. Mo Date signed

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(Licensed Embalmer's Statement on Reverse Side)

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.....Edwd S. Evans.....

Licensed Embalmer No....3836.....

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.