

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30662**
Registrar's No. **3419**

Registration District No. **102197**

Primary Registration District No. **1002**

14
3
8

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: K.C. General Hospital No. 111
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mo. & 4 days
 In this community life time (Specify whether years, months or days)

3. (a) PRINT FULL NAME DAVIS Infant
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex M **5. Color or race** W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years

7. Birth date of deceased June 7, 1941
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 mo 4 hr. min.

9. Birthplace Kansas City Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business
12. Name loyd Henry Davis
13. Birthplace Wendotte R. Ex
 (City, town, or county) (State or foreign country)
14. Maiden name Thelma Parck
15. Birthplace Wendotte R. Ex
 (City, town, or county) (State or foreign country)

16. (a) Informant General Hosp
(b) Address R. E. M.

17. (a) Burial (b) Date thereof Sept 15 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Hope R. Ex

18. (a) Signature of funeral director Capetina Funeral Home
(b) Address 1538 Campbell

19. (a) 9/13/41 (b) M. M. Crown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1323 Forest
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 11th
 year 1941 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 7th 1941 to Sept. 11th, 1941
 that I last saw him alive on Sept. 11th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Post operative left diaphragmatic hernia with repair, left pneumothorax mediastinal
 Due to and subcutaneous emphysema

Due to —
 Other conditions (include pregnancy within 3 months of death) —

Major findings: Of operations —
 Of autopsy See above

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) (e) Months of injury —
23. Signature Dr. R. Thom (M. D. or other) —
 Address Med. Dir. K. Date signed —

Duration
 Physician
 Underline the cause to which death should be charged statistically.

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..... *W. L. Ward*

Licensed Embalmer No. *3991*

P. O. Address..... *309 E 67th*

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, fact should be so stated above.