

No. 2
4-13-40
1-1-1939
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40813

State File No. 4489

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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:
Home 2343 Norton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community 4 years
years, months or days)

3. (a) PRINT FULL NAME Milia J. Davis

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe. 5. Color or race W

6. (a) Single, widowed, married, divorced Widow

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

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

7. Birth date of deceased June 8th, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	5	25	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Clayborne Patton

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma Reed

(b) Address 2343 Norton

17. (a) Burial (b) Date thereof Dec. 4th,
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bolckow, Mo.

18. (a) Signature of funeral director Rose & Henderson

(b) Address Kansas City

19. (a) 12/4/41 (b) M. M. Brown
(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. 2343 Norton
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3rd,
year 1941 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 40
1940 to Dec. 3 1941
that I last saw her alive on Dec. 2-4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Chronic Nephritis 10 days
5 months

Due to Serility 131 D

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

Duration

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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) (e) Means of injury

23. Signature M. H. Keeler (M. D. or other) MD

Address 1701 Jackson Ave Date signed 12/4/41

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

48
3
8

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.....

G. E. Henderson

Licensed Embalmer No.

3657

P. O. Address.....

1761 Ma

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.