V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36136

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4808

48
3
8

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:
St Josephs Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10-27-45 - 11-22-45 (Specify whether)

In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2121 Linwood Blvd. 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Vye Davis

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 23 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	7	29	hr. min.

9. Birthplace Pittsburg (City, town, or county) Penn. 1 (State or foreign country)

10. Usual occupation at home

11. Industry or business self

MOTHER FATHER

12. Name James Davis

13. Birthplace no record (City, town, or county) Wales 4 (State or foreign country)

14. Maiden name Ann Richards

15. Birthplace no record (City, town, or county) Wales 4 (State or foreign country)

16. (a) Informant Miss E. J. Davis

(b) Address 2121 Linwood Blvd.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/26/45 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address Kansas City Kansas.

19. (a) 11-23-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from 1942, 19, to Nov. 22, 19 45 that I last saw her alive on Nov. 22, 19 45 and that death occurred on the date and hour stated above.

Immediate cause of death Uterine malignancy — Duration 1 yr.

Due to

Due to 48.15

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Uterine malignancy, inoperable
Of operations Dr. E. N. Gentry

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 [illegible] (M. D. or other)

Address K.C. Mo Date signed 11-23-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm Ketcham
Waldheim Bldg.
VI 6708
11th & MAIN

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 Wm L Ward

Licensed Embalmer No. 3991

P. O. Address 309 East 67th St
K.C. 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, fact should be so stated above.