

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20226

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2825

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
At home 1714 West 34 st
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution At Home
(Specify whether years, months or days)

In this community 2 1/2 yrs.

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. 1714 West 34 st
(If rural, give location)

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

3. (a) PRINT FULL NAME Nellie Corbin Davis

3. (b) If veteran, name war X no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1946 hour 11 minute 40 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife James R. Davis

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased: Aug 4 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 24 1946, to June 24 1946
that I last saw her alive on June 24 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 10 Days 20
If less than one day hr. min.

Immediate cause of death: Intestinal obstruction Duration 3 days

Due to

Due to

9. Birthplace: Kearney mo (City, town, or county) (State or foreign country)

Other conditions: Probably adhering from former operation 2 year

(Include pregnancy within 3 months of death)

10. Usual occupation: Housewife

Major findings: Of operations

Of autopsy: 12-2-46

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

11. Industry or business: _____

12. Name: Wilmore Riley

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

14. Maiden name: Anna J. Pierce

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

16. (a) Informant: Raymond R. Davis

(b) Address: 1714 West 34 st K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 27 1946
(Month) (Day) (Year)

(c) Place: burial or cremation: Fairview Cem. Kearney mo

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?

18. (a) Signature of funeral director: Morton Smith Turner
(Date received local registrar)

(b) Address: 837 Armand R. & N. Keating

19. (a) 6-26-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

28. Signature: J.W. Bausch, M.D. (M. D. or other) 6/26/46
Address: 352 Broadway, Kansas City, Mo. Date signed: 6/26/46

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..... *Theron O Smith*

Licensed Embalmer No. *3928*

P. O. Address. *North Kansas City, 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.