DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

FILED JAN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40539

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5514

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: General Hospital #2 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether)

In this community 9 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No.: 2424 Montgall (If rural, give location) 3

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

If yes, name country: 111

3. (a) PRINT FULL NAME: Otha Davis

3. (b) If veteran, name war: No

3. (c) Social Security No. 499-14-9565

4. Sex: Male

5. Color or race: Negro

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

6. (b) Name of husband or wife: Ocie Mae Davis

6. (c) Age of husband or wife if alive: 22 years

7. Birth date of deceased: January 17, 1920 (Month) (Day) (Year)

8. AGE: Years 26 Months 11 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace: Pine Bluff, Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business:

MOTHER FATHER

12. Name: Sonny Davis

13. Birthplace: Woodrow County, Arkansas (City, town, or county) (State or foreign country)

14. Maiden name: Agnes

15. Birthplace: Woodrow County, Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant: Ocie Mae Davis

(b) Address: 2424 Montgall

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/3/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Highland Cemetery

18. (a) Signature of funeral director: Watkins Bros.

(b) Address: 1229 Lydia Avenue

19. (a) 12-31-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30 year 1946 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19__, 19__; that I last saw him alive on 19__, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Internal Hemorrhage.

Due to: Stab wound Upper Sept abdomen

Due to:

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

Major findings: Of operations: 45' 11

Of autopsy: no - Permit

Duration

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): Accident 123

(b) Date of occurrence: 12-25-46

(c) Where did injury occur? K.C. Jackson Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - 2424 - Montgall (Specify type of place)

While at work? (e) Means of injury: Stab wound

23. Signature: J. Williams (M.D. or other) D.C.

Address: 2636 Prospect Date signed: 12-31-46

(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 L. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2003 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.