

S. No. 2  
4-12-45  
7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9006**  
Registrar's No. **1052**

Registration District No. **149**

Primary Registration District No. **1002**

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 NO. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **10 DAYS**  
In this community **6 Months**  
years, months or days

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. **2208 E. 29TH. ST.**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **MOLLY DAVIS**  
3. (b) If veteran, name war **NO**  
3. (c) Social Security No. **NO -**

4. Sex **FEMALE** 5. Color or race **NEGRO**  
6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife **Claude Davis**  
6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **MARCH 1, 1872**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **0** Days **3**  
If less than one day hr. min.

9. Birthplace **CLAY COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

11. Industry or business

12. Name **DAVIDSON**

13. Birthplace **Unknown**  
(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 **CORDELIA HILL (DAUGHTER)**  
(b) Address **2208 E. 29TH. ST.**

17. (a) **Burial** (b) Date thereof **3/10/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

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

(b) Address **1729 Lydia Ave.**

19. (a) **3-8-47** (b) **Stallard Holmes**  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **4**,  
year **1947** hour **5**: minute **30** P.M.

21. I hereby certify that I attended the deceased from **FEBRUARY 22, 1947** to **MARCH 4, 1947**  
that I last saw h **ER** alive on **MARCH 4, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **CEREBRAL VASCULAR ACCIDENT**

Due to **HYPERTENSIVE HEART DISEASE**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **932**  
Of autopsy

22. If death was due to external causes, fill in the following:

(c) 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 **Frank Ellis** (M. D. or other) **M. D.**

Address **GENERAL HOSPITAL NO. 2** Date signed **3/5/47**

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

MOTHER FATHER

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

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**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..... *J. Jerome Marlowe* .....  
Licensed Embalmer No. *3994* .....  
P. O. Address. *2503 Highland* .....

**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.**