No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31159

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 4166

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

(d) Length of stay: In hospital or ~~institution~~ 30 Min. (Specify whether
In this community 30 Min.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 200 E. 78th St. Terr. 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: DAVIS, Infant

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

3. (c) Social Security No.: No

4. Sex: M 0

5. Color or race: W

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: 10 (Month) 1 (Day) 47 (Year)

8. AGE: Years | Months | Days | If less than one day: hr. 30 min.

9. Birthplace: Kansas City, Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: William A. Davis
13. Birthplace: Kansas City, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name: Mildred M. Curtin
15. Birthplace: Kansas City, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Mrs. Wm. Parker
(b) Address: 4200 Chestnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/3/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah,

18. (a) Signature of funeral director: John P. Sheil
(b) Address: 6606 Indep. Ave. K. C. Mo.

19. (a) 10-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 1 year 47 hour minute M.

21. I hereby certify that I attended the deceased from Oct 1 - 1947, to Oct 1 1947; that I last saw him alive on Oct 1 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: entire Congenital absence of brain	
Due to: —	
Due to: —	
Other conditions: — (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: same as above

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 0

23. Signature: Hugh S. Hamilton M.D. (M.D. or other)
Address: 231 W. 47th St. Date signed: 10-8-47

(Licensed Embalmer's Statement on Reverse Side)

231 W 47.
Hamilton Hugh.

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 John P. Sheil

Licensed Embalmer No. 3635

P. O. Address 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.