

No. 300  
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5-17-39  
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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26241**

FILED AUG 26 1948  
Registration District No. **299**

Primary Registration District No. **1002**

Registrar's No. **3026**

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

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: Wheatley Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
In this community 4 Years  
(Specify whether 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. 1331 East 13th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sileatha Irene Davis  
3. (b) If veteran, name war No 3. (c) Social Security No. Unk.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 21st  
year 1948 hour 2 minute P M.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Frank Davis 6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased September 21, 1918  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 20 1948 to July 21 1948  
that I last saw her alive on July 21 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
29 10 0 hr. min.

Immediate cause of death Obstruction Duration 1 wk.  
Cause unknown  
Due to Tapeworm

9. Birthplace Marietta, Oklahoma  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 20 hr

10. Usual occupation Inspector

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name L. E. Holstead  
13. Birthplace Greenville, Alabama  
(City, town, or county) (State or foreign country)  
14. Maiden name S. R. Godwin  
15. Birthplace Greenville, Alabama  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
Of autopsy \_\_\_\_\_

16. (a) Informant Frank Davis  
(b) Address 1331 East 13th St.

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? 1

17. (a) Removal (b) Date thereof 7/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ardmore, Oklahoma  
18. (a) Signature of funeral director Wheatley Bros.  
(b) Address 1729 S. 1st St.

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

19. (a) 7-24-48 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) M.D.  
Address 2734 Vine Date signed 7-23-48

*Dr. J. H. [unclear]*

**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 Maslowe*

Licensed Embalmer No.....

*3994*

P. O. Address.....

*21503 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.**

10. Usual occupation Inspector  
(City, town, or county) (State or foreign country)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name L. B. Holstead

13. Birthplace Greenville, Alabama  
(City, town, or county) (State or foreign country)

14. Maiden name S. R. Godwin

15. Birthplace Greenville, Alabama  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Davis

(b) Address 1331 East 13th St.

17. (a) Removal (b) Date thereof 7/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ardmore, Oklahoma

18. (a) Signature of funeral director J. B. ...

(b) Address 1729 Lydia Ave.

19. (a) 7-24-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
 While at work? \_\_\_\_\_  
(Specify type of place) (1) Means of injury

23. Signature [Signature] (M. D. or other) M.D.

Address 2734 Ave Date signed 7-23-48

PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

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.

1948  
S-26241

Signed J. Manlove  
Licensed Embalmer No. 3994

P. O. Address 2573 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.