

S. No. 300
M-10-47
Rev. 5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29716**
3893
Registrar's No.

FILED OCT 1 1948
Registration District No. **249**

Primary Registration District No. **1002**

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: **Krestwood Convalescent Home** **4**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 months**
(Specify whether years, months or days)

In this community **4 years**
(Specify whether years, months or days)

3: (a) PRINT FULL NAME **Elmer H. Davis**

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

3. (c) Social Security No. **None**

4. Sex **Male** **D**

5. Color or race **White**

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

6. (b) Name of husband or wife **Rachel Whitworth Davis**

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

7. Birth date of deceased **August 17th. 1864**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	01	5	hr. min.

9. Birthplace **Ray County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Clerk**

11. Industry or business

12. Name **James Davis**

13. Birthplace **Ray County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Virginia Shockley**

15. Birthplace **Ray County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Louis Mandl, Jr.**

(b) Address **3011 Walnut Street**

17. (a) **Removal** (Burial, cremation, or removal)

(b) Date thereof **9-24-48**
(Month) (Day) (Year)

(c) Place: burial or cremation **dola Mans Freeman Mortuary**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **9-24-48** (Date received local registrar)

(b) **Geraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town **Kansas City** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **3011 Walnut Street** **1**
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **22nd.**
year **1948** hour **9** minute **18** A.M.

21. I hereby certify that I attended the deceased from **15 Sept**
1948 to **22 Sept 1948**

that I last saw h. **alive on 21 Sept 48** and that death occurred on the date and hour stated above.

Immediate cause of death **Ca - 8 injured.** **5 yrs**

Due to

Due to

Other conditions **46**
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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?

While at work? (Specify type of place)

(e) Means of injury **0**

23. Signature **A. M. Myers** (M. D. or other) **M.D.**

Address **1025 Rialto Bldg** Date signed **9-22-48**

OCT 1 1948

Willis (Bennett)
11-2130

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 Willis H. Bennett

Licensed Embalmer No. 4438

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.