

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12360

State File No.

1395

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) since 1912	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3 0 0
d. FULL NAME OF (If not in hospital or institution, give street address or location) e. HOSPITAL OR INSTITUTION K.C. Gen. Hosp. No. 1 - Out patient			d. STREET ADDRESS (If rural, give location) 2810 Harrison		

3. NAME OF DECEASED (Type or Print) a. (First) John Emerson b. (Middle) c. (Last) Davis			4. DATE OF DEATH (Month) (Day) (Year) March 26th 1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 6, 1876	9. AGE (to years last birthday) 72	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 20	IF UNDER 24 HRS. Hours 0	IF UNDER 24 HRS. Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Troy, Ohio /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME No Data	13b. MOTHER'S MAIDEN NAME No Data	14. NAME OF HUSBAND OR WIFE Mrs. Willie M. Davis
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 496-05-7115	17. INFORMANT'S SIGNATURE OR NAME Mrs. Willie M. Davis, Kansas City, Mo.	ADDRESS Kansas City, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH Brief duration
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis		indefinite
	DUE TO (c) Generalized arteriosclerosis		indefinite
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-8-, 1949, to 3-26-, 1949, that I last saw the deceased alive on 3-26-, 1949, and that death occurred at 4:00 Am., from the causes and on the date stated above.

23a. SIGNATURE Wm. W. Hart MD	(Degree or title)	23b. ADDRESS Med. Dir. K.C. Gen. Hosp. K.C. Mo.	23c. DATE SIGNED 3-28-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/28/49	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	24d. LOCATION (City, town, or county) (State) Jackson County, Missouri
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DATE REC'D BY LOCAL REG. 3-28-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks, Independence, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

48
30000No. 300
10-48

JUN 15 1968

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Roland B. Speaks

Signed.....

Student Embalmer

Licensed Embalmer No. 3604

P. O. Address Independence, 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.