

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30189

FILED OCT 8 1949

4079

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4079

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>28 years</u>		d. STREET ADDRESS (If rural, give location) <u>2301 East 48th Terrace</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elms Nursing Home 1310 Armour</u>		e. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20, 1949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs Louise (Edwards) Davies</u>		b. (Middle) _____ c. (Last) _____	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec. 12, 1875</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Wm. Edwards</u>	
13b. MOTHER'S MAIDEN NAME <u>Virginia</u>		14. NAME OF HUSBAND OR WIFE <u>Walter I. Davies</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Wyatt M. Jenkins</u> ADDRESS <u>2301 E. 48th Ter</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Broncho-pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemiplegia (Right)</u> DUE TO (c) <u>Cerebral hemorrhage?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of Right hip</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>12 days</u> <u>11 weeks</u>		19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City - Jackson - Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 5, 1949</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>By falling to the floor.</u>	
22. I hereby certify that I attended the deceased from <u>Sept. 8, 1949</u> , to <u>Sept. 20, 1949</u> , that I last saw the deceased alive on <u>Sept. 19, 1949</u> , and that death occurred at <u>4:30 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Kenneth G. Davis</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>20 E. Plaza Theater Bldg.</u> DATE SIGNED <u>19-22-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 23, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys</u>		24d. LOCATION (City, town, or county) (State) <u>K. C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-23-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	
25. FEDERAL DIRECTOR'S SIGNATURE <u>Thomas E. Quirk</u>		ADDRESS <u>4316 Troost Ave.</u>	

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

OCT 26 1949

**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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed *Thomas E. Jones*  
Licensed Embalmer No. *3775*  
P. O. Address *J. E. Jones*

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.