

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30710

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grandview, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grandview Mo</u>	
c. LENGTH OF STAY (in this place) <u>4 3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>110th & Glen Arbor Rd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>110th & Glen Arbor Rd</u>		d. STREET ADDRESS (If rural, give location) <u>110th & Glen Arbor Rd</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Thompson</u> c. (Last) <u>Davis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-26-49</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-10-1876</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>J T Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Edna J Davis</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edna Davis</u>	ADDRESS <u>Grandview, Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lcp</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastases over body</u>		140 X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 8-15-, 1949, to 9-26-, 1949, that I last saw the deceased alive on 9-26-, 1949, and that death occurred at 3:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Ada Radon M.D.</u> (Degree or title)	23b. ADDRESS <u>Martin City Mo</u>	23c. DATE SIGNED <u>9-29-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-29-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Meriah</u>	24d. LOCATION (City, town, or county) (State) <u>Hickman Mills Mo</u>
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DATE REC'D BY LOCAL REG. <u>9/30/49</u>	REGISTRAR'S SIGNATURE <u>Dr. Annie L. Hedger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>France Wornall</u>	ADDRESS <u>Funeral Home</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

A. LeRoy Mooney

Student Embalmer No. 333

working under my personal supervision.

Signed *Russell N. Franc*

Signed.....
Student Embalmer

Licensed Embalmer No. 4255

P. O. Address K. C. Mooney

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.