

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41054

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5037

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 town) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 91 1/2	
c. LENGTH OF STAY (in this place) 33 YRS		d. STREET ADDRESS (If rural, give location) 7416 WALNUT STREET 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7416 WALNUT STREET			

3. NAME OF DECEASED (Type or Print) a. (First) MRS. GRACE b. (Middle) HENRINE c. (Last) DAVIS			4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 27, 1949		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH SEPTEMBER 18, 1885		9. AGE (In years last birthday) 64 YRS.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	
11. BIRTHPLACE (State or foreign country) CAMBRIDGE, MASSACHUSETTS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	

13a. FATHER'S NAME ABRAM R. DURYEE		13b. MOTHER'S MAIDEN NAME HENRINE LEPAU		14. NAME OF HUSBAND OR WIFE EDWARD STANTON DAVIS	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. 487-07-3256		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward S. Davis 7416 Walnut St.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aneurysm, circle of Willis</u> DUE TO (c) <u>of Willis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. H52T				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION 2/22/49		19b. MAJOR FINDINGS OF OPERATION Aneurysm circle of Willis				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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			

22. I hereby certify that I attended the deceased from April, 1939, to Nov 27, 1949, that I last saw the deceased alive on 11/21, 1949, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE James B. McVey (Degree or title) James B. McVey M.D.		23b. ADDRESS 814 Porter Bldg		23c. DATE SIGNED 11/28/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 11-29-49		24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
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DATE REC'D BY LOCAL REG. 11-28-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons		ADDRESS 1331 Brush Creek Kansas City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2-5
34. [Signature]

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.

Student
Student Embalmer

Signed _____

Robert Ray

Licensed Embalmer No. _____

4182

P. O. Address _____

KANSAS CITY

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.