No. 300
10.48

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

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12920

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1678

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL HOSPITAL #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 623 East 14th Street 3210 78

3. NAME OF DECEASED (Type or Print)
a. (First): CLARISSA
b. (Middle): ELIZABETH
c. (Last): DAVIS

4. DATE OF DEATH: (Month) MARCH (Day) 27 (Year) 1950

5. SEX: FEMALE 2
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE 1
8. DATE OF BIRTH: MARCH 7 1942
9. AGE (In years last birthday): 8
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): STUDENT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): KANSAS CITY, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: CLARENCE DAVIS
13b. MOTHER'S MAIDEN NAME: ROBERTA —
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: ROBERTA DAVIS ADDRESS: 623 East 14th Street

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FOOD POISONING (CLINICAL) WITH DIARRHEA — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) DEHYDRATION

DUE TO (c) LIPOID HYPERPLASIA OF SMALL AND LARGE BOWEL — 04 92

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Pending
20. AUTOPSY? YES [X] NO [ ]

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) JACKSON (STATE) MISSOURI
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

INFORMATION REQUESTED

22. *I hereby certify that I attended the deceased from* 3-25-, *19* 50, *to* 3-27, *19* 50, *that I last saw the deceased alive on* 3-27-, *19* 50, *and that death occurred at* 9:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE E. Frank Ellis MD (Degree or title)
23b. ADDRESS 600 East 22nd Street
23c. DATE SIGNED 3-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4-1-1950
24c. NAME OF CEMETERY OR CREMATORY: WESTLAWN
24d. LOCATION (City, town, or county) (State): KANSAS CITY, KANS.

DATE REC'D BY LOCAL REG.: 4-10-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: BRADY-BROWN
ADDRESS: 1708 TRACY

(Licensed Embalmer's Statement on Reverse Side) FUNERAL HOME

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 Laurence A. Jones

Licensed Embalmer No. 4429

P. O. Address 2509 Park Ave. K. C. (1) 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.