

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

20157

2709

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2709

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>30 MINS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Graham</b> <b>1745</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>		d. STREET ADDRESS (If rural, give location) <b>Route # 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>India</b> b. (Middle) <b>Pearle</b> c. (Last) <b>Davis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 18 1950</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>February 24 1884</b>		9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Isiah E. Oren</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca S. Haines</b>		14. NAME OF HUSBAND OR WIFE <b>Stephen E. Davis</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr Oren E. Davis</b>		ADDRESS <b>Graham, Missouri</b>	
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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					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	<b>Skull fracture, severe laceration of scalp + multiple abrasions over body</b>					
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.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>173</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>33rd &amp; Cass</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson MO</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6-18-50 8:20 P.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Automobile accident</b>	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Geo. C. Redhofer</b> (Degree or title)		23b. ADDRESS <b>3447 Park St. E. Mo</b>		23c. DATE SIGNED <b>6-19-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4 June 19 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Graham, Missouri</b>		
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DATE REC'D BY LOCAL REG. <b>6-19-50</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs C. L. Forster Kansas City, Missouri</b>			
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Joe B. Yoder*

Licensed Embalmer No. *4173*

P. O. Address *K.C. Mo.*

Signed.....

Student Embalmer

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.