

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33805

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 386

1. PLACE OF DEATH
 a. COUNTY **Jackson**
 b. CITY (If outside corporate limits, write RURAL and give town or township) **Independence**
 c. LENGTH OF STAY (If applicable) **47yrs**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **816 W. White Oak St.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri**
 b. COUNTY **Jackson**
 c. CITY (If outside corporate limits, write RURAL and give township) **Independence**
 d. STREET ADDRESS (If rural, give location) **816 W.; White Oak St.**

3. NAME OF DECEASED
 a. (First) **MARY**
 b. (Middle) **EMILY**
 c. (Last) **DAVIS**

4. DATE OF DEATH **Sept. 30, 1950**
 (Month) (Day) (Year)

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **March 25, 1864**

9. AGE (In years) **86**
 (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) **housewife**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Marietta, Ohio**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **unknown**

13b. MOTHER'S MAIDEN NAME **unknown**

14. NAME OF HUSBAND OR WIFE **Dennis B. Davis Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs A.A. Langworthy Tulsa, Okla.**

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of stomach & metastasis in the liver**
 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.

INTERVAL BETWEEN ONSET AND DEATH **4 month**

151X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES 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) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9 - 1950 to Sept 30, 1950 that I last saw the deceased alive on Sept 30, 1950 and that death occurred at 11:30 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **C.H. Allen M.D.**

23b. ADDRESS **Independence, Mo.**

23c. DATE SIGNED **Oct 2, 1950**

24a. BURIAL CREMATION REMOVAL (Specify) **Burial**

24b. DATE **Oct. 4, 1950**

24c. NAME OF CEMETERY OR CREMATORY **Mt. Washington**

24d. LOCATION (City, town, or county) (State) **Indep- Inter City**

DATE REC'D BY LOCAL REG. **Oct. 2, 1950**

REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **[Signature] Indep. Mo.**

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

2484

0484

2484

