

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

1219

State File No. \_\_\_\_\_

472

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

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>Ray</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>RURAL - Grape Grove</u>	
c. LENGTH OF STAY (in this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>Midville Street not listed</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Elbert</u>		a. (First) <u>R.</u> b. (Middle) <u>Davis</u> c. (Last) <u>Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 28, 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married - 1</u>	
8. DATE OF BIRTH <u>November 29, 1874</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>29</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>California, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>J. W. Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Harrison</u>		14. NAME OF HUSBAND OR WIFE <u>Edith MAE DAVIS</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes-no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edith Davis, Richmond, Missouri</u> ADDRESS _____	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, Miliary</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* <u>Quoadrenal ulcer</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks +</u> <u>0191</u> <u>3 wks +</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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 1/17/52, 1952, to 1/28/52, 1952, that I last saw the deceased alive on 1/27/52, 1952, and that death occurred at noon m., from the causes and on the date stated above.

23a. SIGNATURE <u>James A. Jarvis</u> (Degree or title) _____		23b. ADDRESS <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>1/27/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>January 30, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>	
24d. LOCATION (City, town, or county) <u>Ray County, Missouri</u>		24e. (State) <u>Missouri</u>			

DATE REC'D BY LOCAL REG. <u>1-30-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Quest-Hild Funeral Home</u> ADDRESS <u>Richmond, Missouri</u>	
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed George H. Cole

Licensed Embalmer No. 4066

P. O. Address Sturtevant, Me.

**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.