

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16410**
2236

FILED JUN 7 1952

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

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 township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 52 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3114 WASHINGTON		d. STREET ADDRESS (If rural, give location) 3114 WASHINGTON	

3. NAME OF DECEASED (Type or Print) a. (First) HOPE b. (Middle) SCOTT c. (Last) DAVIS			4. DATE OF DEATH (Month) (Day) (Year) 5 - 34 - 52		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept. 14 1968	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days IF UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LIVE STOCK COMMISSIONER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME HOPE SCOTT DAVIS	13b. MOTHER'S MAIDEN NAME PERSIS C. ROOT	14. NAME OF HUSBAND OR WIFE LIDA DAVIS
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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) NO	16. SOCIAL SECURITY NO. 496-16-4256	17. INFORMANT'S SIGNATURE OR NAME MRS. LIDA DAVIS	ADDRESS - 3114 WASHINGTON
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH May 7 days years
	b. Arterial hypertension c. arterio sclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. influenza in march		33 1/2

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 1949, to May 14, 1952, that I last saw the deceased alive on May 14, 1952 and that death occurred at 11 P.M., from the causes and on the date stated above.

23a. SIGNATURE Herbert Tutthill	(Degree or title) M.D.	23b. ADDRESS 1211 Rialto Bldg	23c. DATE SIGNED May 15 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 5-16-52	24c. NAME OF CEMETERY OR CREMATORY Elmwood	24d. LOCATION (City, town, or county) (State) Kansas City, mo.
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DATE REC'D BY LOCAL REG. 5-16-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE STINE & MC CLURE	ADDRESS KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12/11
70-25
Mr. Herbert Hutchill
Rivets Bldg.
Vi 5 P 32
H. O. Clark

VS SEP 22 1953

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 F. A. Walton

Licensed Embalmer No. 2744

P. O. Address 13 E 1st

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.