

FILED JUN 3 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15838

State File No. 2167

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 About

c. LENGTH OF STAY (In this place) 71 hrs

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 2

e. STREET ADDRESS (If rural, give location) 1228 Woodland 31680

3. NAME OF DECEASED  
a. (First) George b. (Middle) \_\_\_\_\_ c. (Last) Davis

4. DATE OF DEATH (Month) (Day) (Year) May 10, 1954

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Mar. 1, 1861

9. AGE (In years last birthday) 93  
F UNDER 1 YEAR Months \_\_\_\_\_ F UNDER 1 YEAR Days \_\_\_\_\_ F UNDER 1 YEAR Hours \_\_\_\_\_ F UNDER 1 YEAR Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stove Repair man

10b. KIND OF BUSINESS OR INDUSTRY Goodwin Stove Co.

11. BIRTHPLACE (City and State or Foreign Country) Atchison, Kansas /

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Louisa Davis

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 Harry Terrell - 2306 E. 13th. St.

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arteriosclerotic heart disease with Hypertension.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Generalized arteriosclerosis  
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  
4200

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) m.

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 5-5-, 19 54, to 5-10-, 19 54, that I last saw the deceased alive on 5-10-, 19 54, and that death occurred at 2:55 P m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis MD (Degree or title) MD

23b. ADDRESS 600 E. 22nd St.

23c. DATE SIGNED 5-11-54

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

24b. DATE 5/13/54

24c. NAME OF CEMETERY OR CREMATORY Bluff Ridge Lawn Cem.

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 5-13-54 REGISTRAR'S SIGNATURE Seraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Sterling Billa 1212 W. 12th St. K.C. Mo.

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

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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.....  
Signature of Student Embalmer

Signed *E. Sterling Bell*.....

Licensed Embalmer No *317*.....

P. O. Address *1212 R*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.