FILED AUG 17 1955

STANDARD CERTIFICATE OF DEATH

State File No. 26103

Registrar's No. 3397

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH

a. COUNTY: JACKSON

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 3210 E. 23rd. St.

c. LENGTH OF STAY (In this place): 2½ months

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Queen of the World Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Tennessee

b. COUNTY: Shelby

c. CITY OR TOWN: Memphis

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

e. STREET ADDRESS (If rural, give location): 893 Mason St.

941 8

3. NAME OF DECEASED (Type or Print)

a. (First): EVELENA

b. (Middle): ------

c. (Last): DAVIS

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 1, 1955

5. SEX: FEMALE

6. COLOR OR RACE: NEGRO

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

8. DATE OF BIRTH: 9-24-1904

9. AGE (In years last birthday): 50yrs

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 (City and State or Foreign Country): Como, Mississippi

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: William Crawley

13b. MOTHER'S MAIDEN NAME: Dora Nolan

14. NAME OF HUSBAND OR WIFE: JERRY DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 415-36-2898

17. INFORMANT'S SIGNATURE OR NAME: Juanita Kirkpatrick, daughter,

ADDRESS: Above

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MUCOID ADENOCARCINOMA OF THE GALLBLADDER

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.

GENERALIZED PERITONITIS

~~Diliary Fistula~~

INTERVAL BETWEEN ONSET AND DEATH: 15 d

19a. DATE OF OPERATION: 7-20-55

19b. MAJOR FINDINGS OF OPERATION: CARCINOMA OF THE GALLBLADDER & ADHESIONS

20. AUTOPSY? YES [X] 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* 7-14-55, *19*____, *to* 8-1-55, *19*____, *that I last saw the deceased alive on* 8-1-55, *19*____, *and that death occurred at* 5:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Irving A. Wier (Degree or title) MD

23b. ADDRESS: 321 Argle Building, K.C. Mo.

23c. DATE SIGNED: 8-3-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 8-4-55

24c. NAME OF CEMETERY OR CREMATORY: New Park

24d. LOCATION (City, town, or county) (State): Memphis, Tennessee

DATE REC'D BY LOCAL REG.: 8-4-55

REGISTRAR'S SIGNATURE: neva Mundall

25. FUNERAL DIRECTOR'S SIGNATURE: Hotkins Brothers

ADDRESS: 18th & Benton

(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Bruce R. Hatkins.....

Licensed Embalmer No....45

P. O. Address....18th &

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.