Dr. O. Jack Printz
Prop. REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24149
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City
Registration District No. 399
Primary Registration District No. 1002
Registered No. 2654
(d) Street No. Menorah Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph S. Davidson 132
(a) Residence, No. 1017 Agnes St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Daisey Davidson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1884
7. AGE: YEARS 54 | MONTHS 0 | DAYS 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as saw mill, bank, etc. Police Dept.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LaVegas New Mexico

FATHER
13. NAME Joseph S. Davidson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cambridge Ohio

MOTHER
15. MAIDEN NAME Lucy A. Faulkner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cambridge Ohio

17. INFORMANT (ADDRESS) Ford Davidson 2237 Poplar
18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE July 5, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Quirk & Tobin Co. Kansas City, Mo.
20. FILED 7-3 1938 M. M. Crowe asst
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to July 1, 1938
I last saw him alive on July 1, 1938 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:
Cancer of tongue
Date of onset
Other contributory causes of importance:
Metastases to skull, vertebrae, ribs, lungs, & liver.
Name of operation Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) O. J. Printz M.D., M. D.
(Address) 1024 Prof Bldg

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 .....,

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.