REC'D MAY 10 1939

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

13837
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City
(d) Street No. General Hosp. 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.

Registration District No. 399
Primary Registration District No. 100
Registered No. 1591

2. PRINT FULL NAME 120 Geo. E. Davis
(a) Residence, No. 401 E. 36 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 M.
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Noma. Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14. 1870
7. AGE YEARS 68 MONTHS 5 DAYS 0 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. W. P. A.
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) Galesburg Ill.

FATHER
13. NAME unknown!
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown!

MOTHER
15. MAIDEN NAME unknown!
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs Eva. Prout 401 E. 36.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moria St. Joe DATE 4-17 1939
19. FUNERAL DIRECTOR (ADDRESS) Eylar Funeral Home K. C. Mo.
20. FILED 4-16 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14-39 19
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 9:45 P.M.
The principal cause of death and related causes of importance were as follows:

Hypernephroma left kidney c̄ metastasis to the brain
51

Date of onset

Other contributory causes of importance: Terminal bronchopneumonia.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Victor H. Mahler, M. D.
(Address) Gen Hosp; K. C. Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)