

REG MAR 14 1943 99
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 805

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

1. PLACE OF DEATH

(a) County JACKSON

(b) City or town KANSAS CITY

(c) Name of hospital or institution K. C. INDUSTRIAL HOSP.

(d) Length of stay: In hospital or institution 2 Days

In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO.

(b) County JACKSON

(c) City or town KANSAS CITY

(d) Street No. 1508 SKILES

(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME JOHN A. DAVIDSON

(b) If veteran, name war NO

(c) Social Security No. 487-05-3709

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24th year 1941 hour 3:39 minute A M.

21. I hereby certify that I attended the deceased from February 28th 1941 to Feb. 24, 1941

that I last saw him alive on Feb. 24th, 1941 and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race WH.

6. (a) Single, widowed, married, divorced MARRIED

(b) Name of husband or wife CECIL

(c) Age of husband or wife if alive 57 years

7. Birth date of deceased JAN 22 1882

Immediate cause of death Peritonitis

Due to Perforated gastric ulcer

Other conditions None

Major findings: Perforated gastric ulcer

Of autopsy None

8. AGE: Years 59 Months 1 Days 2

9. Birthplace ENGLAND

10. Usual occupation STEEL WORKER

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

11. Industry or business _____

12. Name GEORGE DAVIDSON

13. Birthplace ENGLAND

14. Maiden name ISABELL TURNBELL

15. Birthplace ENGLAND

16. (a) Informant MRS. CECIL DAVIDSON

(b) Address 1508 SKILES

17. (a) BURIAL

(b) Date thereof FEB. 25-41

(c) Place: burial or cremation MT. WASHINGTON ROSE & HENDERSON

18. (a) Signature of funeral director ROSE & HENDERSON

(b) Address 15th. & JACKSON

19. (a) 2/25/41

(b) M. M. Croome

23. Signature [Signature]

Address 920 Newton Ave Date signed 2/24/41

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.....

John B. Camp

Licensed Embalmer No. *2955*

P. O. Address *19 C. Mo*

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.