

**FILED AUG 10 1941**

Registration District No. \_\_\_\_\_  
Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Trinity Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 10 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **048**  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. Arnette Hotel, 615 East 9th St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sheridan G. Davidson

3. (b) If veteran, name war No  
3. (c) Social Security No. 496-09-7403

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced Divorced  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 29, 1888  
(Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 15  
If less than one day hr. min.

9. Birthplace Chicago, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation WPA Recreational Supervisor

11. Industry or business \_\_\_\_\_

12. Name William A. Davidson

13. Birthplace Detroit, Michigan  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Racine, Wisconsin  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Grandi

(b) Address 847 Quindaro Blvd. K.C.K.

17. (a) Cremation (b) Date thereof 7-16-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Freeman Mortuary  
(b) Address 104 West 42nd Street

19. (a) July 15 1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14  
year 1941 hour 6 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 15 - 41, 19\_\_\_\_ to July 14 - 41, 19\_\_\_\_;  
that I last saw him alive on July 14, 41, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of larynx  
Duration 1 yr.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy none  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Home A. Real M. D. (M. D. or other) D  
Address 1000 Prof. Bldg Date signed 7-15-41

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

MOTHER FATHER

AUG 29 1941

Proof Body  
12:30 to 4:30

**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 Clarence J. Chiles

Licensed Embalmer No. 3473

P. O. Address No 2 700

**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.**