

FILED FEB 11 1942

State File No. _____

Registration District No. 391

Primary Registration District No. 1002

Registrar's No. 118

1. PLACE OF DEATH:

(a) County Jackson Co.
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wm. L. Fisher Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: 16 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Howard K. Davis

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased Feb. 16 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation Coal Dealer

11. Industry or business Fuel

12. Name Mark R. Davis

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

14. Maiden name Clara Bell

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

16. (a) Informant H. M. Davis (brother)

(b) Address 1165 Southwest Blvd. K. C. Mo.

17. (a) Burial (b) Date thereof Jan 13 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wapel Field

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Jan 14 1942 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wardette
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1165 Southwest Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1/11/42 day _____
year 3 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 30, 1941
_____, 19____, to Jan 11, 1942, 19____;
that I last saw him alive on Jan 10, 1942, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Transverse Colon

Due to _____

Due to 46 E.

Other conditions H62
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Transverse Colon
Of operations _____
Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. M. Davis (M. D. or other) _____
Address 1461 S. W. Blvd Date signed 1/11/42

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

MOTHER FATHER

P

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 *L. H. [Signature]*

Licensed Embalmer No. *3122*

P. O. Address *Quincy, Ill.*

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.