

FILED APR 8 1942

Registration District No. 299

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH

Jackson

(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:  
Kansas City General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 8 days  
(Specify whether years, months or days) In this community... 50 YRS.

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... 2010 East 8th St.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country...

3. (a) PRINT FULL NAME GEORGE DAVIS

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

4. Sex... Male 5. Color or race... White 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife... Jennie Davis 6. (c) Age of husband or wife if alive... years 11  
7. Birth date of deceased... March 11 1879  
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 10 If less than one day hr. min.

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

10. Usual occupation... Railroad Man

11. Industry or business

12. Name... W. T. Davio  
13. Birthplace... Mo. (City, town, or county) (State or foreign country)  
14. Maiden name... Annie Houston  
15. Birthplace... Mo. (City, town, or county) (State or foreign country)

16. (a) Informant... J. R. Davio (b) Address... 554 Holmes K.C. Mo.

17. (a) Burial (b) Date thereof... 3-23-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation... Missouri City, Mo.

18. (a) Signature of funeral director... J. A. Merton (b) Address... 832 Adams Rd. N. K.C. Mo.

19. (a) 3-23-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... March day... 21st year... 1942 hour... 3 minute... 25 A.M. M.

21. I hereby certify that I attended the deceased from March 13th 1942 to March 21st 1942 that I last saw him alive on March 21st 1942 and that death occurred on the date and hour stated above.

CARDIAC DECOMPENSATION

Due to... q5e

Due to...

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations... Of autopsy... None

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?

23. Signature... M. M. Crowe (M. D. or other) Med. Dir. K. G. Gen. Hospital, K. C. Mo. Address... Date signed

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

48  
303

341

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**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, fact should be so stated above.**