

FILED JUN 18 1942

Registration District No. 399

Primary Registration District No. 1002

48  
aw

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

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:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5-30-42-6-1-42  
(Specify whether 75 years)  
In this community 75 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jackson  
(c) City or town... Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No... 4027 Will  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME GEORGE DAVIS

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced... Widowed

6. (b) Name of husband or wife... Lydia Davis (d) 6. (c) Age of husband or wife if alive... Deceased

7. Birth date of deceased... About 1859

8. AGE: Years 83 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Don't Know Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business none

MOTHER FATHER { 12. Name Don't know  
13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 6-11-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Wm. Appleton

(b) Address 1205 Vine St

19. (a) 6-12-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1  
year 1942 hour 10 minute 35 a.m.

21. I hereby certify that I attended the deceased from May 30, 1942, to June 1, 1942, that I last saw him alive on June 1, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Heart Failure

Due to Arteriosclerotic type heart disease

Due to 93 D

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature W. G. [unclear] (M. D. or other) \_\_\_\_\_  
Address Don't know #2-600 E 22 Date signed 6-4-42

48  
3  
8  
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....

*C. H. West*

Licensed Embalmer No.....

*2710*

P. O. Address.....

*K. C. M. O.*

**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.**