

FILED MAR 31 1948

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 1427

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:
504 S. Jackson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 Years (Specify whether 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. 504 S. Jackson
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT PAUL DAVISON
FULL NAME

3. (b) If veteran, World War name war

3. (c) Social Security No. 493 032205

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Edna

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased: Feb. 24, 1897
(Month) (Day) (Year)

8. AGE: Years 46 Months 1 Days 0
If less than one day hr. min.

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

10. Usual occupation Factory Salesman

11. Industry or business Gendson Wheel Co.,

MOTHER FATHER {

12. Name John Davison

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

14. Maiden name Nora Ryan

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

16. (a) Informant Edna Davison

(b) Address 504 S. Jackson

17. (a) Removal (b) Date thereof March 25, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jacksonville, Illinois.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address 241/43 Kansas City, Mo.

19. (a) 3/24/48 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1948 hour 3 minute 32 AM

21. I hereby certify that I attended the deceased from Mar 1, 1948 to Mar 23, 1948 that I last saw him alive on Mar 23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Mythol Pepting Duration 6 hr

Due to Malignant Tumor of Pituitary Gland

Due to 47 hr

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

PHYSICIAN

Major findings:
Of operations
Of autopsy

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?

23. Signature P. L. St. Clair (M. D. or other)

Address 524 2 St. John Date signed 3/24/48

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

APR 8 1943

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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.