

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:
between 12th & 13th on Central 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **xx** (Specify whether
In this community **36 days**
years, months or days)

3. (a) PRINT FULL NAME **Richard L. Davis**

3. (b) If veteran, name war **Yes, World War. I** none
3. (c) Social Security number **none**

4. Sex **M.** 0
5. Color or race **W.**
6. (a) Single, widowed, married, divorced **none**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 23, 1899**
(Month) (Day) (Year)

8. AGE: Years **44** Months **xx** Days **43**
If less than one day _____ hr. _____ min.

9. Birthplace **Butler Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business _____

MOTHER FATHER {
12. Name **Ira Davis**
13. Birthplace **Butler Mo. 0**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah E. Morris**
15. Birthplace **Butler Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. C. Walkup**
(b) Address **3825 Central**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5/30/43**
(Month) (Day) (Year)
(c) Place: burial or cremation **Highland Park**

18. (a) Signature of funeral director **H. Tigerman & Sons**
(b) Address **K. C. Mo.**

19. (a) **5-27-43** (Date received local registrar)
(b) **Mr. W. Crowe** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson AB**
(c) City or town **Kansas City 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **Unknown 8**
(If rural, give location) **0**
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5/** / **43** day _____
year _____ hour **11:25 P.** M. **M.**

21. I hereby certify that I attended the deceased from _____ to _____ 19____
that I last saw h **Deputy Coroner** _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: **Gunshot wounds of neck and chest. 0**
Due to _____
Due to **166**

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

Major findings: _____
Of operations _____
Of autopsy **See Above**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Homicide**
(b) Date of occurrence **May 26, 1943**
(c) Where did injury occur? **Kansas City, Jackson Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Street

While at work? **no** (Specify type of place)
Means of injury **Gunshot**
23. Signature **Dr. E. O. Upsher M.D.**
23rd McCoy (M.D. or other) **5/27/43**
Address _____ Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

JUN 17 1944

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.....

Frank Walter, Registered Apprentice No. *2744*

working under my personal supervision.

Signed *J. H. Dyer*

Licensed Embalmer No. *2744*

P. O. Address *R. E. 2nd*

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.