

2  
43  
39  
35397

**FILED FEB 10 1949**

Registration District No. **100**

Primary Registration District No. **100**

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:  
**309 Garfield Ave. Nora Rae Restorium**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **10 days**  
(Specify whether  
In this community **42 Years**  
years, months or days)

3. (a) PRINT FULL NAME **Albert J. Davis**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Martha E. Davis** 6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **April 17 1857**  
(Month) (Day) (Year)

8. AGE: Years **86** Months **9** Days **9** If less than one day **—** hr. **—** min.

9. Birthplace **Muncie, Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired, Mechanist**

11. Industry or business

12. Name **Lewis Davis**

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

14. Maiden name **Caroline Crawford**

15. Birthplace **Don't Vermont**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. F. C. Davis**

(b) Address **3539 Garfield Ave.**

17. (a) **Burial** (b) Date thereof **1/29/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **1-28-44** (b) **T. E. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City, Mo., St.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3539 Garfield St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **26**  
year **1944** hour **10:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 21** to **Jan 26**, 19**44**  
that I last saw **him** alive on **Jan 26**, 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic nephritis**  
**Prostate hypertrophy**  
**myocardial degeneration**  
Duration **72 hrs.**  
Other conditions (include pregnancy within 3 months of death)

Major findings: **—**  
Of operations **—**  
Of autopsy **—**

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? **—**

23. Signature **John G. Neary** (M. D. or other) **—**  
Address **3103 Independence Ave.** Date signed **1-27-44**  
While at work (Specify type of place) Means of injury **—**

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

**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 *Walter H. Erwin*.....

Licensed Embalmer No. *4352*.....

P. O. Address *Kansas City, Mo*.....

**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.**