

FILED FEB 3 1944

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 163

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 12-19-43-1-8-44  
(Specify whether years, months or days)  
 In this community 30 years

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. 1717 E. 26th  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOSEPH R. DAVIS  
 (b) If veteran, name war None  
 (c) Social Security No. 496-09-4598

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month January day 8  
 year 1944 hour 7:45 minute \_\_\_\_\_ P. M.

4. Sex Male 5. Color or Race Negro  
 6. (a) Single, widowed, married, divorced Widowed  
 (b) Name of husband or wife Elga Davis  
 (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from December 19 19 43 to January 8 19 44  
 that I last saw him alive on January 8 19 44  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased March 5 1875  
(Month) (Day) (Year)  
 8. AGE: Years 68 Months 10 Days 3  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Hypostatic pneumonia Duration \_\_\_\_\_  
Lobular

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

Due to Senile Psychosis  
 Due to \_\_\_\_\_

10. Usual occupation Unemployed

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
 12. Name Elijah Davis  
 13. Birthplace Baltimore Maryland  
(City, town, or county) (State or foreign country)  
 14. Maiden name Angeline Utley  
 15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Record Clerk  
 (b) Address Gen. Hosp. #2  
 17. (a) burial (b) Date thereof 1/12/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lincoln Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Hatkins Bros.  
 (b) Address 1729 Lydia  
 19. (a) Jan 12 1944 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of Injury \_\_\_\_\_  
 23. Signature J. E. Brown (M. D. or other) \_\_\_\_\_  
 Address Gen. Hosp. #2 610 E. 22nd Date signed 1/10/44

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

2  
43  
39  
35697

**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 *Jerome Maulore*  
Licensed Embalmer No. *3994*  
P. O. Address *2503 Highland*

**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.**