V. S. No. 2
100M—8-43
Rev. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23659

State File No. 3131

Registration District No. 199 Primary Registration District No. 1002 Registrar's No.

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: 4046 MICHIGAN AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether years, months or days)
In this community 20 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY 48
(If outside city or town limits, write "RURAL")
(d) Street No. 4046 MICHIGAN AVENUE 38
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ------ 0

3. (a) PRINT FULL NAME MR. WILLIAM HENRY DAVIS, JR.
3. (b) If veteran, name war NO
3. (c) Social Security No. 487-03-0965
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. ELIZABETH DAVIS
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased JANUARY (Month) 13 (Day) 1882 (Year)

8. AGE: Years 62 Months 6 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace BELLEVILLE (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation OFFICE CLERK
11. Industry or business Salesman
MOTHER FATHER
12. Name WILLIAM H. DAVIS
13. Birthplace DUDLEY (City, town, or county) ENGLAND (State or foreign country)
14. Maiden name ELLEN WILKINSON
15. Birthplace DUDLEY (City, town, or county) ENGLAND (State or foreign country)
16. (a) Informant Mrs. Davis
(b) Address 4046 Michigan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 1944 (Month) (Day) (Year)
(c) Place: burial or cremation LEXINGTON, MISSOURI
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 7-31-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 28TH year 1944 hour 6 minute 15 P. M.
21. I hereby certify that I attended the deceased from July 6 1944 to July 28, 1944; that I last saw him alive on July 24, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic Carcinoma of Liver	
Due to: Carcinoma of Stomach	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 46 b	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. P. Bangham M.D. (M.D. or other)
Address K.C. Mo. Date signed 7/29/44

361 (Licensed Embalmer's Statement on Reverse Side)

226 Ptdga Medical Bldg.
1:15 - 4:30

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 E. Oscar Horthey

Licensed Embalmer No. 7767

P. O. Address KC 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.