. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19463

FILED JUN 25 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2440

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: 3734 PARK AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 45 YEARS.
years, months or days)

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. 3734 PARK AVE 3
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME WILLIAM FRANKLIN DAVIS

3. (b) If veteran, name war No

3. (c) Social Security No. 116-05-0358

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS GERTRUDE MAY DAVIS.

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased AUGUST (Month) 16 (Day) 1865 (Year)

8. AGE: Years 79 | Months 9 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace SOUTH SALEM. (City, town, or county) OHIO (State or foreign country)

10. Usual occupation ____

11. Industry or business SINCLAIR REFINING CO

FATHER
12. Name JOHN WESLEY DAVIS
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ESTHER SHIVELY
15. Birthplace PA. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gertrude May Davis
(b) Address 3734 Park Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director D. H. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 6-8-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 7th year 1945 hour 6 minute 40 P M.

21. I hereby certify that I attended the deceased from May 9, 1945, to June 7, 1945; that I last saw him alive on June 7, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Embolism	Instantly
Due to Arterial Hypertension	4 yrs
Due to 83	
Other conditions Paralysis of legs (Include pregnancy within 3 months of death) (Unknown Cause)	4 yrs

Major findings:
Of operations none
Of autopsy None

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 Kenneth G. Davis (M. D. or other) M.D.
Address 30 Plaza Theater Bldg. Kansas City, Mo. Date signed 6-8-45

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.