S. No. 2
OM—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

FILED JAN 9 1946

State File No. 40062

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5193

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: 6030 FOREST AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ——— (Specify whether
In this community WIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 6030 FOREST AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KENNEDY DANIEL DAVIN
3. (b) If veteran, name war NO
3. (c) Social Security No. 487-01-9991
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MILDRED ADLER DAVIN
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased APRIL (Month) 8 (Day) 1904 (Year)

8. AGE:

Years	Months	Days	If less than one day
41	8	9	hr. min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation SHOVEL OPERATOR
11. Industry or business
FATHER
12. Name THOMAS DAVIN
13. Birthplace TIPPERARY, IRELAND (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY SCHRADER
15. Birthplace CLAY COUNTY (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant Mrs. Mildred Davin
(b) Address 6030 Forest
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-19-1945 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director J. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 12-18-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 17th year 1945 hour 1 minute 30 A. M.
21. I hereby certify that I attended the deceased from 15 November 1945, to 17 December 1945 that I last saw him alive on 11 December 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic Carcinoma of the lung	2 months
Due to Carcinoma of the parotid right	22 months
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of parotid-rt.
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 Edward H. Klein (M. D. or other)
Address Plaza Med. Bldg. K.C. Mo. Date signed 17 Dec '45

(Licensed Embalmer's Statement on Reverse Side)

200 Olive Medical Bldg
12.5.30

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. Melvin Miller

Licensed Embalmer No. 4407

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.