

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED MAY 20 1946 STANDARD CERTIFICATE OF DEATH

16618

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2128

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: APT. #306
BOULEVARD MANOR HOTEL 1115 EAST ARMOUR BLVD.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 6 DAYS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Benton

(c) City or town LAKEVIEW
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. THOMAS FORTUNE DAVIDSON

3. (b) If veteran, name war SPANISH AMERICAN

3. (c) Social Security No. 063-07-8983

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 9TH
year 1946 hour 1 minute 05 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. CHRISTINE PAULINE DAVIDSON 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased JANUARY-31-1980
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>3</u>	<u>8</u>	hr. _____ min. _____

Immediate cause of death Strangulation

Due to Strangling

Due to _____

Other conditions (Include pregnancy within 7 months of death) 104 a

Major findings: Deputy Coroner

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace BOSTON MASSACHUSETTS
(City, town, or county) (State or foreign country)

10. Usual occupation ELECTRO-TYPE FINISHER

11. Industry or business _____

MOTHER FATHER { 12. Name THOMAS DAVIDSON

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

14. Maiden name JULIA DONOHUE

15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Christine Davidson

(b) Address 3324 Woodland

17. (a) BURIAL (b) Date thereof MAY-11-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT MORIAH CEMETERY

18. (a) Signature of funeral director Dr. Newcomer, Lane

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 5-11-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Of operations _____

Of autopsy History of Inspection

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence May 9, 1946

(c) Where did injury occur? Kansas City Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, in farm, in industrial place, in public place?
No

While at work: No (Specify type of place) (Means of injury) Strangling

23. Signature A. G. Upsher (M. D. or other) MB
Address 2800 Main Date signed 5/11/46

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 Harry C Bergman
Licensed Embalmer No. 2641
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.