S. No. 2
1—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23557

FILED JUL 31 1946

Registration District No. 1 / 1

Primary Registration District No. 1002

Registrar's No. 2977

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:
3031 Jarboe St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 49 yrs
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. 3031 Jarboe
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frank Davidson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased Oct. (Month) 14 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	8	23	hr. min.

9. Birthplace Agency (City, town, or county) Iowa / (State or foreign country)

10. Usual occupation Ret. Car Foreman

11. Industry or business Mo. Pac. R.R.

FATHER
12. Name John Davidson
13. Birthplace no record (City, town, or county) Va. / (State or foreign country)

MOTHER
14. Maiden name Sarah Beggs
15. Birthplace no record (City, town, or county) Va. / (State or foreign country)

16. (a) Informant Oscar Davidson
(b) Address Longview Wash.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 / 9 / 46 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cem. Overland Park, Kans.

18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City, Kansas

19. (a) 7-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from May 1, 1944 to July 7, 1946
that I last saw him alive on July 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myo Carditis

Due to Heart failure

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 d

Of autopsy

Duration

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 [illegible] (M. D. or other) D.O.

Address 904 W 33rd St Date signed July 8 1946

(Licensed Embalmer's Statement on Reverse Side)

Dr. S. B. Dewins
804 W. 33rd.

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 D Ross Blanford

Licensed Embalmer No. # 4015

P. O. Address 41 & State Line

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.