

No. 2
12-45
5-17-39
PI X47070

FILED APR 14 1947
Registration District No. 779

Primary Registration District No. 1002

Registrar's No. 1527

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 hrs. (Specify whether)

In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1806 E. 36 St.
(If rural, give location)

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

3. (a) PRINT FULL NAME FRED H. DAVIS

3. (b) If veteran, name war No

3. (c) Social Security No. 492-18-3448

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1947 hour 9 minute 20 A.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 30th. 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 30, 1947 to March 31, 1947, that I last saw him alive on March 31, 1947, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

66	5	1	_____ hr. _____ min.
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Immediate cause of death Coronary occlusion with myocardial infarction

Duration _____

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

Due to _____

Due to _____

10. Usual occupation Elevator Operator

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business City National Bank

Major findings: Of operations 94a

12. Name James W. Davis

Of autopsy See above

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

14. Maiden name Nartha E. Splawin

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

16. (a) Informant Mrs. Evalene Tavener

(b) Address 4816 East 18th. Street

17. (a) Burial (b) Date thereof 4 - 3 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd. St. Kansas City, Mo.

19. (a) 4-2-47 (b) Theraldine Holma
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm W. Hart (M.D. or other) _____

Address Med. Dir. Gen'l Hosp. Date signed _____

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

Mr. Embalmer

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 *Walter H. Erwin*

Licensed Embalmer No. *4352*

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.