

Registration District No. 149

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Little Sisters of the Poor
(d) Length of stay: In hospital or institution 6 weeks 5
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(d) Street No. 3303 Forest Avenue
(e) Citizen of foreign country? no (Yes or No)

3. (a) PRINT FULL NAME

Melvin Homer DAVIS

3. (b) If veteran, name war

NO

3. (c) Social Security No.

496-09-4036

4. Sex

male

5. Color or race

white

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

widowed

6. (b) Name of husband or wife

Addie L. Davis

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

30, 1875

7. Birth date of deceased

March

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

72

7

12-13

hr.

min.

9. Birthplace

Sedalia, Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation

Laborer

11. Industry or business

Power & Light Co.

MOTHER FATHER { 12. Name

Christopher Davis 0

13. Birthplace

Sedalia, Missouri

(City, town, or county) (State or foreign country)

14. Maiden name

Amanda Leaton

15. Birthplace

Unknown

Unknown 9

16. (a) Informant

Mr. Floyd L. Davis

(b) Address

3303 Forest Ave., K.C., Mo.

17. (a)

Burial

(b) Date thereof

11-15-47

(c) Place: burial or cremation

Forest Hill Cemetery

18. (a) Signature of funeral director

Melody-McGilley-Eylar

(b) Address

Kansas City, Missouri

19. (a)

11-14-47

(b) Steraldine Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1947 hour 7 minute 05 A.M.

21. I hereby certify that I attended the deceased from 11-10-47
1947 to 11-13-47

that I last saw him alive on 11-12-47
and that death occurred on the date and hour stated above.

Immediate cause of death
acute Co. sea fever

Due to arteriosclerotic heart disease

Due to about 1 year

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations: none
Of autopsy: none

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?
(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: John Thomas (M. D. or other) 210
Address: 1102 Grand Ave Date signed 11-14-47

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

Dr. Alexander

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.....

working under my personal supervision.

.....
Registered Apprentice No. *100*

Signed.....

.....
Licensed Embalmer No. *5499*

P. O. Address.....

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.