FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 13 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 4791

Registrar's No. 805

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

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: K.C. General Hospital no. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 29 days (Specify whether
In this community: 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 49
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 1420 Main St. 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Harry Davis
3. (b) If veteran, name war: no
3. (c) Social Security No.: 510-03-5299
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct (Month) 2 (Day) 1882 (Year)

8. AGE: Years 65 Months 4 Days 19 If less than one day: hr. min.

9. Birthplace: Baileyville (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business:
FATHER
12. Name: Unknown 9
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Mrs. Harriet Crews
(b) Address: 407½ So. 3 Blvd. K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 23 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope Cemetery K.C. Mo.
18. (a) Signature of funeral director: R.A. Fulton
(b) Address: 1319 No. 18th K.C. Kan.
19. (a) 2-23-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 21st year: 1948 hour: 3 minute: 25 A. M.

21. I hereby certify that I attended the deceased from: 1-23-48, 19..., to 2-21-48, 19...; that I last saw him alive on: 2-21-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: bilateral pulmonary atelectasis - & paralytic ileus	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 12	
Major findings: Of operations:	
Of autopsy: see above	

PHYSICIAN — Underline the cause of 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) 0
While at work? (e) Means of injury:

23. Signature: Wm. W. Hart (M. D. or other) MD
Asst. Dir. K.C. Gen. Hospital K.C. Mo.
Address: Date signed: 2-21-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JUL 6 1948

Dr. Serville

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..... M. M. Dwosh

Licensed Embalmer No. ~~[illegible]~~ 35-05

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.