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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4792

FILED FEB 17 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 514

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: 330 North Denver
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 330 North Denver 8
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KENNETH SPENCER DAVIS
3. (b) If veteran, name war no
3. (c) Social Security No. 486-10-3659

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Catherine Davis
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased November (Month) 13 (Day) 1903 (Year)

8. AGE: Years 44 Months 2 Days 20 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Banking Clerk
11. Industry or business Produce Exchange Bank
FATHER
12. Name John Crammer
13. Birthplace (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Anna Thimmig
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mrs. Catherine Davis
(b) Address Kansas City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Indep. Mo. Mound Grove Cemetery
18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri
19. (a) 2-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3rd, year 1948 hour 5 minute 45 A. M.
21. I hereby certify that I attended the deceased from 2-1-48, 19, to 2-3-48; that I last saw him alive on 2-3-48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to
Due to Hypertension
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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)
While at work? (e) Means of injury
23. Signature Frank Paul Lawrenzana (M. D. or other)
Address 428 S. White Date signed 2-3-48

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

Be 3319

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 Roland R. Speaker

Licensed Embalmer No. 3604

P. O. Address Independence, Missouri

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.