No. 300
—10-47
5-17-39
Mo I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26236

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3381

WRITE PLAINLY—USE 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:
3341 COLLEGE AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — - - -
In this community 46 YEARS (Specify whether 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. 3341 COLLEGE AVENUE
(If rural, give location)

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

3. (a) PRINT FULL NAME MR. HENRY Fedrick DAVIDS

3. (b) If veteran, name war No

3. (c) Social Security No. 491-32-3378

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. ALICE DAVIDS

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased MAY (Month) 21 (Day) 1876 (Year)

8. AGE: Years 72 Months 2 Days ~~26~~ 25 If less than one day hr. min.

9. Birthplace ~~MARSHALLTOWN~~ (City, town, or county) ~~IOWA~~ Germany (State or foreign country)

10. Usual occupation PRINTER

11. Industry or business PARK PRINTING COMPANY

FATHER
12. Name MARTIN AUGUST DAVIDS
13. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Alice Davids
(b) Address 3341 College

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG-19-1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MT. MORIAH CEMETERY

18. (a) Signature of funeral director H. W. Meyercord's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 8-19-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 16TH year 1948 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion — Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) Deputy Coroner

Major findings:
Of operations _____
Of autopsy History 94a

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 A. E. Usher (M.D. or other)
Address 3600 Main Date signed 8/18/48

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Ray

Licensed Embalmer No. 4102

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.