No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26237

Registration District No. 449 — Primary Registration District No. 1002 — Registrar's No. 3038

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 3005 East 51st St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3005 East 51st St. 8
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Paul J. Davidson
3. (b) If veteran, name war No
3. (c) Social Security No. 510-05-0664
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mrs Stella Davidson
6. (c) Age of husband or wife if alive 58 yrs
7. Birth date of deceased Nov. 19, 1889 (Month) (Day) (Year)

8. AGE: Years 58 | Months 8 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Bonner Springs, Kas. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Salesman
11. Industry or business National Fidelity Life Ins Co.
FATHER
12. Name Sam Davidson
13. Birthplace No record 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Eliza Jane Young
15. Birthplace No record 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Stella Davidson
(b) Address 3005 East 51st St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery K.C. Mo.
18. (a) Signature of funeral director Thomas E. Quirk
(b) Address V4316 Troost Ave.
19. (a) 7-25-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th year 1948 hour 1.30 A.M. minute ..... M.
21. I hereby certify that I attended the deceased from about 5 mths, 1948 to 7-24, 1948 that I last saw him alive on 7-24, 1948 and that death occurred on the date and hour stated above.
Immediate cause of death Acute Coronary Thrombosis about 5 mths
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None
94 N

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 0
23. Signature J. V. Dell (M. D. or other)
Address 209 Plaza Tiles Bldg Date signed 7-25-48

Jefferson City Printing Co. (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 Thomas E. Lewis

Licensed Embalmer No. 3775

P. O. Address R. C. Md

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.