

FILED AUG 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26824

State File No. ....

3367

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3367</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Kansas City</u> )		c. LENGTH OF STAY (in this place) <u>36 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Muehlebach Hotel</u>				d. STREET ADDRESS (If rural, give location) <u>634 West 66th Terrace</u>				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		5. SEX			
a. (First) <u>GILBERT</u>		b. (Middle) <u>C.</u>	c. (Last) <u>DAVIS</u>		(Month) (Day) (Year)	<u>August 4, 1950</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 3, 1896</u>		9. AGE (In years last birthday) <u>54</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President Stewart-Warner Alemite Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>George Andrews Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Bell Marsh</u>		14. NAME OF HUSBAND OR WIFE <u>Ardelia S. Davis, wife</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>485-09-8310</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ardelia Davis, 634 W. 66th Terr., KC, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>World War I</u>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute circulatory failure</u>						
		ANTECEDENT CAUSES (b) <u>acute alcoholism</u>						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS (c) <u>3220</u>						
		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Geo. C. Kealhofer MD</u> (Degree or title)				23b. ADDRESS <u>3447 Praed St. KC Mo</u>		23c. DATE SIGNED <u>8-5-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u>		24b. DATE <u>8/7/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>8-7-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Halmer</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE &amp; McCLURE, Kansas City, Mo.</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 25 1950

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Max E. Meyer*

Licensed Embalmer No. *14535*

P. O. Address *F. C. M.*

**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.