FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1108

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 168

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: KANSAS CITY
c. LENGTH OF STAY (in this place): 4 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL, 1416 E. 30TH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: Jackson
c. CITY OR TOWN: KANSAS CITY
Is Residence within limits of city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 2

3. NAME OF DECEASED (Type or Print)
a. (First): ZACK
b. (Middle): W.
c. (Last): DAVIS

4. DATE OF DEATH (Month) (Day) (Year): January 12, 1955

5. SEX: Male D
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: December 22, 1882
9. AGE (In years last birthday): 72 | IF UNDER 1 YEAR: Months: Days | IF UNDER 24 HRS.: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegrapher
10b. KIND OF BUSINESS OR INDUSTRY: Telegraphy
11. BIRTHPLACE (City and State or Foreign Country): Vancouver B.C. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: W. J. Davis
13b. MOTHER'S MAIDEN NAME: Neomi H uddell
14. NAME OF HUSBAND OR WIFE: Mary J. DAVIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 708-14-040
17. INFORMANT'S SIGNATURE OR NAME: Wm. B. Davis
ADDRESS: 5633 Euclid - K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous cell carcinoma middle third esophagus metastatic — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 150 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 14, 1954, *to* Jan. 12, 1955, *and that death occurred at* 4:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Arthur P. Klotz MD (Degree or title) D
ARTHUR P. KLOTZ, M.D.
23b. ADDRESS: VA Hospital, Kansas City, Mo.
23c. DATE SIGNED: 1/12/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-15-55
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City Mo.

DATE REC'D BY LOCAL REG.: 1-13-55
REGISTRAR'S SIGNATURE: neva Marshall
25. FUNERAL DIRECTOR'S SIGNATURE: McCoy - McGilley - Elfark K.C. Mo.
ADDRESS

(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

by me, or by .....Ivan Miller....., Student Embalmer No. 5

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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