

FILED SEP 24 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4187

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital,		Length of stay in lb 33 yrs	d. STREET ADDRESS (If outside, give location) 3443 E. 6th Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN P. DAVIS			4. DATE OF DEATH Month Day Year 9th 4th 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-26-77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Service Station		10b. KIND OF BUSINESS OR INDUSTRY Oil	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 80 yrs Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Trenton, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Perry T. Davis		13b. MOTHER'S MAIDEN NAME Sarah Moore	14. NAME OF HUSBAND OR WIFE Mrs. Ethel Davis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish American 1922-26		16. SOCIAL SECURITY NO. 492 26 0721A	17. INFORMANT Address V.A. Hospital Records, Kansas City, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe pulmonary congestion and edema DUE TO (b) Atheromatous narrowing, coronary arteries DUE TO (c) Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 4 1/2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. <input checked="" type="checkbox"/> attended the deceased from August 26, 1957 to September 4, 1957 Death occurred at 3:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. J. Williams		22b. ADDRESS MD V.A. Hospital, Kansas City, Mo	22c. DATE SIGNED 9-5-57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
BURIAL	SEPT-7-1957	WOODLAWN CEMETERY	INDEPENDENCE MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 9-7-57	26. REGISTRAR'S SIGNATURE Alva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

Signature of Student Embalmer

Signed

Chester K Brown

Licensed Embalmer No. 4931

P. O. Address 1050

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

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