

Rec'd July 7, 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24446
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson, Registration District No. 395
(b) Township Kaw, Primary Registration District No. 1002
(c) City Kansas City, Mo. (d) Street No. Research Hospital, Registered No. 2659
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 120 of Grover D. Davis,

(a) Residence, No. Merrion, Pennsylvania, St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1889.
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hr. ormin.
49 11 26
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Insurance business
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Iowa, (STATE OR COUNTRY)

13. NAME James H. Davis, FATHER

14. BIRTHPLACE (CITY OR TOWN) Carolina, (STATE OR COUNTRY)

15. MAIDEN NAME Minnie V. Hughes, MOTHER

16. BIRTHPLACE (CITY OR TOWN) IOWA, (STATE OR COUNTRY)

17. INFORMANT Mr. Wayne Clover, (ADDRESS) Bryant Building, K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cheyenne, Wyoming, DATE 7/23 8:00

19. FUNERAL DIRECTOR (NAME) Stine & McClure, (ADDRESS) 3235 Gillham Road, K. C., Mo.

20. FILED July 3, 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3rd, 1939.

22. HEREBY CERTIFY, That I attended deceased from June 5, 1939 to July 2, 1939
I first saw him alive on July 2, 1939 Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis
Myocardial Degeneration
Failing Compensation
Date of onset 131
Other contributory causes of importance: Chronic Area Nephritis

Name of operation none Date of no
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ?
Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify David B. Reynolds, M. D.
(Signed) David B. Reynolds
(Address) 428 First St., Kansas City, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X 14028

Dr. David Robinson

HA 1198
Prof. Dr.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.