

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 471

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: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 14 Hours  
(Specify whether years, months or days)  
 In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4404 Summit Street  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? ----- years.

3. (a) PRINT FULL NAME Mr. James E. Davis

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Marr.

6. (b) Name of husband or wife Mrs. Ella R Davis 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July 28 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>6</u>	<u>2</u>	<u>hr. min.</u>

9. Birthplace Martin City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Horse And Mule dealer

11. Industry or business dealer

MOTHER FATHER { 12. Name James E. Davis

13. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Mary F. A. Wells

15. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature H. J. Wells

(b) Address 1110 Grand Wash Bldg

17. (a) Burial (b) Date thereof Feb. 1, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd. 3

19. (a) Feb. 1, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30th  
 year 1940 hour 2 minute 35 A. M.

21. I hereby certify that I attended the deceased from Arrival, 1940; that I last saw him alive on Jan. 30, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Arterial hemorrhage  
 Duration -----

Due to -----

Due to -----

Other conditions (Include pregnancy within 3 months of death) -----

Major findings: -----  
 Of operations -----

Of autopsy See above

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, or industrial place, in public place?  
(Specify type of place)

While at work ----- (Specify type of place) (a) Means of injury -----

23. Signature [Signature] (M. or other) 1/30/40  
 Address ----- Date signed -----

PHYSICIAN  
 Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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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 Kenneth Page Sipe

Licensed Embalmer No. 4128

P. O. Address. 1309 Bush Creek K.C. Mo

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.