

2
3-40
7-39
X23159

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1011 Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1011 Park
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

DEC 11 1940

3. (a) PRINT FULL NAME GARLAND DAVIS
Garland Davis

3. (b) If veteran, name war. Unk 3. (c) Social Security No. Unk

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Dolly Davis 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased: May 2 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Pleasant Hill mo
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business

12. Name Airon Davis

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

14. Maiden name Unknown

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

16. (a) Informant Geo Davis

(b) Address 2221 Prospect K.C. Mo

17. (a) Blue Ridge (b) Date thereof Nov 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas city mo

18. (a) Signature of funeral director E. Sterling Kella

(b) Address 1811 G 12th St. K. C. Mo

19. (a) 11-5-40 (b) M. N. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29 year 40
hour 7:5 minute A M.

21. I hereby certify that I attended the deceased from 7-5-40
to 10-29-40, 1940, to 10-29-40, 1940;

that I last saw him alive and that death occurred on the date and hour stated above.
Immediate cause of death

Hemorrhax - left
Rupture of aortic aneurysm
Syphilitic aortitis
Other conditions 34
(Include pregnancy within 3 months of death)

Major findings:
Of operations Geo
Of autopsy Geo

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, in industrial place, in public place?

While at work? Yes (Specify type of place) (Specify means of injury)

23. Signature Geo Davis (M. D. or other)
Address K.C. Mo Date signed.....

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 *E. Sterling Hills*
Licensed Embalmer No. *13178*
P. O. Address *M.C. Md.*

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.