

Registration District No. 399

Primary Registration District No. 1002

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

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:
Home 1626 Hardesty
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 19 Years.
years, months or days)

8. (a) PRINT FULL NAME Charles A. Davis
 8. (b) If veteran, name war No.
 3. (c) Social Security No. 496-09-0639

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Della Davis
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased May 22 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 16
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Water Dept.

MOTHER FATHER { 12. Name Johnaton M. Davis
 18. Birthplace Wisconsin
(City, town, or county) (State or foreign country)
 14. Maiden name Eunice Bunker
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Della Davis
 (b) Address 1626 Hardesty St.

17. (a) Burial (b) Date thereof 1/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Rose & Henderson
 (b) Address 4139 E. 15th St. K.C. Mo.

19. (a) Jan 9, 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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. 1626 Hardesty St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8th
 year 1941 hour 10:30 minute _____ a. M.
 21. I hereby certify that I attended the deceased from Jan 6
 1941 to Jan 8 1941
 that I last saw him alive on Jan 7 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Duration _____

Due to Hypertension

Due to arteriosclerosis

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

Major findings: 830
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

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? _____
(Specify type of place) (e) Means of injury 9

23. Signature A. E. Scardin (M. D. or other) _____
 Address 2623 Dwyer Blvd Date signed 1-9-41

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 *G. E. Henderson*

Licensed Embalmer No. *3657*

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.