

FILED NOV 19 1942 49
Registration District No.

Primary Registration District No. 1002

Registrar's No. 4044

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:
Conley Clinic Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 Hours
(Specify whether years, months or days)
 In this community 6 Hours

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. 1706 East 8th. Street
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME David Gene Davis
 (b) If veteran, name war No
 (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 31st
 year 1942 hour 3:00 minute 30 P. M.
 21. I hereby certify that I attended the deceased from
OCT. 31, 1942 to OCT. 31, 1942
 that I last saw him alive on OCT. 31, 1942
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife ***
 (c) Age of husband or wife if alive **** years
 7. Birth date of deceased October 31 1942
(Month) (Day) (Year)

Immediate cause of death Asphyxia
Premature Birth
(6 1/2 Months)
 Duration 6 hrs.

8. AGE: Years 0 Months 0 Days 0
 If less than one day 6 1/2 Hours
hr. min.

Due to 159
 Due to

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation None

Other conditions None
(Include pregnancy within 3 months of death)
 Major findings: None
 Of operations: None
 Of autopsy: None

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

11. Industry or business

MOTHER FATHER { 12. Name Wilbur Davis
 13. Birthplace Warsaw Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Velma Viola Philbert
 15. Birthplace Preston Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Wilbur Davis
 (b) Address 1706 East 8th. Street

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?
(Specify type of place)

17. (a) Burial Green Lawn (b) Date thereof 11-2-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Green Lawn
 18. (a) Signature of funeral director Mrs. C.L. Forster
 (b) Address Kansas City, Missouri
 19. (a) 11-2-42 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

While at work? Asphyxia (Specify type of place) (Means of injury)
 23. Signature C. L. Anderson (M. D. or other) P.O.
 Address 619-B E. Field - Kansas City, Mo. Date signed Oct. 31-1942

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

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed C. H. Wise

Licensed Embalmer No. 2570

P. O. Address Kanawha City, W. Va.

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.