

FILED JAN 11 1943
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: Jackson

(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.....**1907 East 13th St.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....**32 years** (Specify whether years, months or days)

In this community.....

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.....**1907 East 13th St.**
(If rural, give location)

(e) Citizen of foreign country?.....**No** (Yes or No)
If yes, name country.....**0**

3. (a) PRINT FULL NAME: Merritt Davis, Jr.

3. (b) If veteran, name war.....**None**

3. (c) Social Security No.....**510-07-03**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....**Dec.** day.....**26th**
year.....**1942** hour.....**2** minute.....**30** A. M.

4. Sex.....**Male** 5. Color or race.....**Col**

6. (a) Single, widowed, married, divorced.....**Married**

6. (b) Name of husband or wife.....**Ella Davis** 6. (c) Age of husband or wife if alive.....**39** years

7. Birth date of deceased.....**September 22, 1883**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....**12/23/42**
.....**12/26/42** 19.....

that I last saw ~~him~~ **her** alive on.....**12/27/42**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
59	3	4hr.min.

Immediate cause of death.....**Neural Regeneration**

Due to.....

Due to.....**92 B**

9. Birthplace.....**Atchison Kansas**
(City, town, or county) (State or foreign country)

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

Major findings:
Of operations.....

10. Usual occupation.....**Laborer**

11. Industry or business.....**Cudahy Packing Co.**

Of autopsy.....

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

MOTHER FATHER

12. Name.....**Merritt Davis**

13. Birthplace.....**Atchison Kansas**
(City, town, or county) (State or foreign country)

14. Maiden name.....**Julia**

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

16. (a) Informant.....**Ella Davis**

(b) Address.....**1907 East 13th Street**

17. (a) **burial** (b) Date thereof.....**12/30/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....**Westlawn Cem.**

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?.....

18. (a) Signature of funeral director.....**Hatkins Bros.**

(b) Address.....**1729 Lydia**

19. (a) **12-29-42** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

While at work..... (Specify type of place) (c) Means of injury.....

23. Signature.....**H. C. Brown** (M. D. or other)
Address.....**1612 E 17** Date signed.....**1/28/43**

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.....

Isaac J. Munroe

Licensed Embalmer No. *3994*

P. O. Address.....

2503 Highland

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.