

FILED DEC 3 1943
Registration District No. **749**

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:
1918 East 10th 1st Floor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 43 Years
years, months or days)

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. 1918 East 10th St. 1st Fl.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM DAVIS

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

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

6. (b) Name of husband or wife Tessie Davis
6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased January 1, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 10 8 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER { 12. Name Unknown

FATHER { 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 Mrs. Tessie Davis

(b) Address 1918 East 10th St. 1st Fl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/43
(Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Bethune Bess
(b) Address 1729 Lydia Ave.

19. (a) 11-12-43 (Date received local registrar)
(b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 9 day Tuesday
year 1943 hour 1:27 minute P. M.

21. I hereby certify that I attended the deceased from 10-5-43 to 11-9-43
that I last saw him alive on 11-8- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pneumonia
Phthisis
Due to Complications
Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 _____

23. Signature [Signature] (M. D. or other)
Address 2200 East 10th Date signed 11-12-43

Harper

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.....

Jerene Maxwell

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.