S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

Registration District No. 1499

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40950

Primary Registration District No. 1002.

Registrar's No. 5017

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: K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)

In this community: 35 years

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.: Continental Hotel K.C. Mo
(If rural, give location)

(e) Citizen of foreign country? (Yes or No): 0

If yes, name country:

48
3
8

3. (a) PRINT FULL NAME: George Davis

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: Ada Davis

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: January (Month) 23 (Day) 1875 (Year)

8. AGE: Years 68 Months 10 Days 5 If less than one day: hr. min.

9. Birthplace: Spring Hill (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Lawyer

11. Industry or business:

MOTHER FATHER

12. Name: Alexander Davis

13. Birthplace: Chesser (City, town, or county) Ohio (State or foreign country)

14. Maiden name: Minerva Lovill

15. Birthplace: Bowen (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Ola A. Davis

(b) Address: 900 S. Main Independence Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Dec 1-1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Spring Hill Kansas

18. (a) Signature of funeral director: Otto Mitchell

(b) Address: 310 N. Main Independence Mo

19. (a) 11-29-43 (Date received local registrar) (b) N. C. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28 year 1943 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from November 23, 1943, to November 28, 1943, that I last saw him alive on November 28, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to 108	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Murray R. Thomas (M. D. or other)

Address: Med. Div. Gen'l Hosp. Date signed: 11-29-43

(Licensed Embalmer's Statement on Reverse Side)

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 H. G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence Mo.

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.