

FILED JUL 3 1945/9
Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether _____)
In this community 4 days
years, months or days Valerie

3. (a) PRINT FULL NAME Valerie Jean Davidson

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

4. Sex F 1. Color or race W 5. Color or race W
6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 4 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 7 13 hr. min.

9. Birth place Kansas City Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business _____

12. Name of father William Perry Davidson

13. Birth place Tobant Oklahoma
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle Poe

15. Birth place Kansas City Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mother (Myrtle Davidson)

(b) Address 409 So 8th Basehole, Kansas

17. (a) Removal (b) Date thereof 6-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director Walter Turner
(b) Address 1901 W. 11th St. K.C.K.

19. (a) 6-18-45 (b) Geraldine Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Rosedale
(If outside city or town limits, write "RURAL")
(d) Street No. 409 So 8th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1945 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6-14, 1945, to 6-17, 1945,
that I last saw her alive on 6-17, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Post Mortem
Acute purulent tracheitis
Due to Bronchopneumonia
Due to Allegations
Other conditions Hypercardiac petechial
(Include pregnancy within 3 months of death) hemorrhage

Major findings: Of operations _____
Of autopsy 107

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

23. Signature J. H. Jochen (M. D. or other) _____
Address _____ Date signed 6-18-45

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

MOTHER FATHER

338
9

106a
107
101a
3942
904

*John
L. Hard*

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..... *John L. Hard*

Licensed Embalmer No. *3991*

P. O. Address..... *309 E. 67th St.*

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.)

K.E.M.B.

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } SS.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2585

On this 13th day of July, 1945, before me appears ~~Mr. Myrtle Davidson~~, who, upon ~~his~~ oath, states that the original record of ~~birth~~ death for Valerie Jean Davidson died June 17, 1945, in the State of Missouri, and which was filed at Kansas City, Mo on 6-18, 1945, should be corrected as follows:

Item No. 3 should read Valerie Jean Davidson
Instead of Valeria Jean Davidson

Item No. should read

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Geraldine Holmes, Registrar
Relationship Registrar
Kansas City, Missouri
Present Address.

Subscribed and sworn to before me this 13th day of July, 1945

My Commission expires Oct 20, 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

19462