

S. No. 2  
M-5-43  
y. 5-17-39  
P I X36671

FILED JUN 25 1946

Registration District No. 149

Primary Registration District No. 1002

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

19098

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 1623 Spruce  
(d) Length of stay: In hospital or institution No  
In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(d) Street No. 1623 Spruce 8  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Harry A. DAVIS

3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Ida May Davis 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased April 1 1880

8. AGE: Years Months Days If less than one day  
66 2 11 hr. min.

9. Birthplace Lawrence Kansas  
10. Usual occupation Truck driver

11. Industry or business Own  
12. Name T. L. Davis  
13. Birthplace Unknown Illinois  
14. Maiden name Mary I. Walters  
15. Birthplace Lawrence Kansas

16. (a) Informant Joseph A. Davis  
(b) Address Lawrence, Kans.

17. (a) Burial (b) Date thereof 6-14-46  
(c) Place: burial or cremation Memorial Park, K.C., Mo.

18. (a) Signature of funeral director Melody-McGilley-Eyler  
(b) Address 1800 E. Linwood Blvd.  
19. (a) 6-13-46 (b) Geraldine Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12  
year 1946 hour 10<sup>30</sup> minute a M.

21. I hereby certify that I attended the deceased from  
that I last saw him alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Due to Coronary Insufficiency  
Due to Aortic Aneurysm

Other conditions  
Major findings: Of operations  
Of autopsy: History & Inspection

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature James Walker (M.D. or other)  
Address 1424  
Date signed 6-12-46

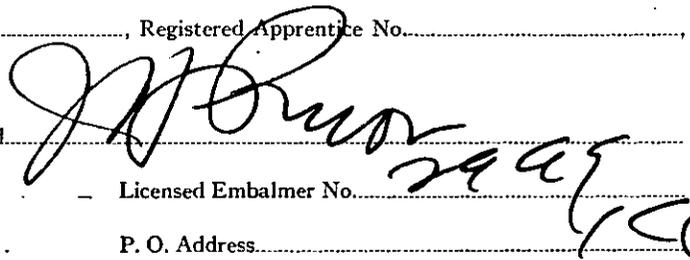
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**STATEMENT BY LICENSED EMBALMER**

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.....

  
.....  
- Licensed Embalmer No.....  
P. O. Address.....

**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.**