

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JAN 13 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40092**
Registrar's No. **5325**

Registration District No. **149** Primary Registration District No. **1002**

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:
3730 Summit Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **35 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. **3730 Summit Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME **John Omar Davis**
3: (b) If veteran, name war **World War One** 3: (c) Social Security No. **497-26-1983**
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Catherine Davis** 6. (c) Age of husband or wife if alive **51** years
7. Birth date of deceased **November 21st. 1894**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **12** day **27**
year **1948** hour **5:45** minute **P** M.
21. I hereby certify that I attended the deceased from **19** to **19** ;
that I last saw h. _____ alive on _____, 19____ ;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
54 **1** **6** _____ hr. _____ min.

Immediate cause of death _____
Due to **Primary infection**
Due to **Myocardial stenosis**
Other conditions (Include pregnancy within 3 months of death) **92%**
Major findings: Of operations _____
Of autopsy **as above**

9. Birthplace **Campbell Texas**
(City, town, or county) (State or foreign country)
10. Usual occupation **Floor Man**
11. Industry or business **Wolferman's**
12. Name **Jefferson B. Davis**
13. Birthplace **Texas**
(City, town, or county) (State or foreign country)
14. Maiden name **Ada Gentry**
15. Birthplace **Texas**
(City, town, or county) (State or foreign country)

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?
James O. Walker (Specify type of place)
While at work? _____ (e) Means of injury **3**
23. Signature **James O. Walker** (M. D. or other) _____
Address **1924 Jay St** Date signed **12-28-48**

16. (a) Informant **Mrs. Catherine Davis**
(b) Address **3730 Summit Street**
17. (a) **Burial** (b) Date thereof **12-31-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Fort Leavenworth, Kansas**
18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **Kansas City, Missouri**
19. (a) **12-30-48** (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 Walter H. Erwin

- - Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.