S. No. 300
v. 10-48

FILED DEC 3 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37203

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4785

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 0
c. LENGTH OF STAY (in this place): 30 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 48
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 76 3
d. STREET ADDRESS (If rural, give location): 4930 Park 0

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): ALFRED
c. (Last): Davidson

4. DATE OF DEATH (Month) 11 (Day) 8 (Year) 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB-20-1874
9. AGE (In years last birthday): 75 YEARS — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NIGHT JANITOR
10b. KIND OF BUSINESS OR INDUSTRY: CITY HALL
11. BIRTHPLACE (State or foreign country): MAHASKA COUNTY, IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: JOHN W. DAVIDSON
13b. MOTHER'S MAIDEN NAME: PAULINE E —
14. NAME OF HUSBAND OR WIFE: MRS. LEORA DAVIDSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - - -
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. LEORA DAVIDSON — ADDRESS: 4930 PARK AVENUE KANSAS CITY MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized peritonitis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Ruptured peptic ulcer
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Fracture of left hip

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 5401
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): outside City Hall
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City, Jackson, Missouri

21d. TIME OF INJURY (Month) 11 (Day) 4 (Year) 1949 (Hour) P.m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Fall

22. *I hereby certify that I attended the deceased from* Nov. 4, 1949, *to* Nov. 8, 1949, *that I last saw the deceased alive on* Nov. 8, 1949, *and that death occurred at* 11:55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm. W. Hart M. D. (Degree or title) — Wm. W. Hart M.D.
23b. ADDRESS: Med. Dir. Gen'l Hosp.
23c. DATE SIGNED: 11-8-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV-11-1949
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 11-11-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomer's Sons — ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Jess T. Owens

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.