

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30542  
4289

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY JACKSON  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY Benton

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY, c. LENGTH OF STAY (In this place) 3 MO  
c. CITY OR TOWN FRISTOE d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL  
STREET ADDRESS (If rural, give location) \*\*\*\*\* 0040

3. NAME OF DECEASED (Type or Print) a. (First) JUDSON b. (Middle) DAVIS c. (Last) DAVIS  
4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 6, 1954

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED  
8. DATE OF BIRTH DECEMBER 12, 1908 9. AGE (In years last birthday) 50 55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station  
10b. KIND OF BUSINESS OR INDUSTRY Service Station  
11. BIRTHPLACE (City and State or Foreign Country) EVART, MICHIGAN  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME BENJAMIN DAVIS 13b. MOTHER'S MAIDEN NAME LAUREL DAVIS  
14. NAME OF HUSBAND OR WIFE Vinita Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I  
16. SOCIAL SECURITY NO. \_\_\_\_\_  
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL OFFICIAL RECORDS, K.C., MO ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) CARCINOMATOSIS  
INTERVAL BETWEEN ONSET AND DEATH Longer than 14 Weeks  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) ADENOCARCINOMA OF UNDETERMINED PRIMARY SITE  
Longer than 14 Weeks  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1999

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

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

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 24, 1954, to Sept 6, 1954, and that death occurred at 5:20p m., from the causes and on the date stated above.

23a. SIGNATURE Paul T. Mc Cannon (Degree or title) M.D. 23b. ADDRESS VA HOSPITAL, K., C., Mo 23c. DATE SIGNED 9-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 9/6/54 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) Warsaw, Mo

LATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
9-8-54 Neva Marshall Reser Funeral Home, Warsaw, Mo

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

OCT 4 1954

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.....  
Signature of Student Embalmer

Signed..... *John R. Sidman*  
Licensed Embalmer No. *453*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.