No. 300
10.48

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15414

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1976

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menorah Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 73 5049 Wornall - The Walnuts 3728

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) H. c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year): May 5, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 7, 1876
9. AGE (In years last birthday): 79 — 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): President
10b. KIND OF BUSINESS OR INDUSTRY: Grain Co.
11. BIRTHPLACE (City and State or Foreign Country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James B. Davis
13b. MOTHER'S MAIDEN NAME: Sarah F. Wheat
14. NAME OF HUSBAND OR WIFE: Elizabeth Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 486-09-6014
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Elizabeth Davis, 5049 Wornall, K.C.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): Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2½ mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Arteriosclerosis
DUE TO (c): Myocardial Infarction — 7 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Angina Pectoris — 7 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
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) m.
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* Nov, 1945, *to* May 5, 1955 *that I last saw the deceased alive on* May 4, 1955, *and that death occurred at* 12:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Carl R. Ferris (Degree or title): Carl R Ferris MD
23b. ADDRESS: 535 Argyle Bldg Kansas City Mo
23c. DATE SIGNED: May 6, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-7-55
24c. NAME OF CEMETERY OR CREMATORY: Mt. Washington
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 5-6-55
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: STINE & McCLURE UND. CO. K.C.MO.

(Licensed Embalmer's Statement on Reverse Side)

Dr. [illegible] R. Ferris
535 Argyle Bldg.
Vi 8227
12:30 today

Exp 12:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elmo D. Tipletts

Licensed Embalmer No. 481

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.