

REC'D SEP 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27949
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 3260
 (c) City Kansas City, Missouri Street No. St. Joseph Hospital
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Gladys Ethel Davis
 (a) Residence, No. Winslow, Arizona St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1916

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>22</u>	<u>5</u>	<u>26</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) El Paso Texas

FATHER

13. NAME Clarence H. Richards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

MOTHER

15. MAIDEN NAME Fairy Gladys Wells

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas,

17. INFORMANT (ADDRESS) Clarence H. Richards 4112 Locust

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Aug. 18 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. V. Lindsey & Sons 3811 Broadway

20. FILED Aug 17 1938 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 30, 1938, to Aug 15, 1938
 I last saw her alive on Aug 15, 1938. Death is said to have occurred on the date stated above, at 7 PM m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary embolism Date of onset 39/31
subolept
 Other contributory causes of importance:
Relieve distress of unknown origin 8/3/38
angina
 Name of operation none Date of
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. no
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify (Signed) John H. Brantley, M.D.
 (Address) 1232 Professional Bldg

I X14028
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

*Dr. John Burdick
P.O. Box 300
Lafayette, La.*

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, above space should be left blank.