

DEC 11 1939
Registration District No. 297

Primary Registration District No. 1002

Registrar's No. 4427

1. PLACE OF DEATH:
(a) County Jackson **3**
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Little Sisters of the Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Three Years
In this community 49 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Miss Margaret DAVOREN **165**
3. (b) If veteran, name war no 3. (c) Social Security No. No

4. Sex Fe - 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 10, 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 8 If less than one day hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Invalid in bed

11. Industry or business At Home **5**

MOTHER FATHER
12. Name John M. Davoren **5**
18. Birthplace Ireland **5**
(City, town, or county) (State or foreign country)
14. Maiden name Anne McDonough
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Albert J. Davoren
(b) Address 3604 Flora Ave., K.C. Mo.

17. (a) Removal (b) Date thereof 11/21/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hoge, Kansas

18. (a) Signature of funeral director Melody-McGilley
(b) Address K. C. Mo.

19. (a) Dec. 20, 1939 (b) M. M. Grown
(Date received local registrar) (Registrar's signature)

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. 5331 Highland Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 18th day November
year 1939 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from January 1937 to 18th Nov. 1939.
that I last saw him alive on Nov 17th 1939.
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus **1938**
Duration

Due to H8

Due to _____
Other conditions (include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place)
(b) Means of injury _____

23. Signature Paul J. O'Rourke (M. D. or other)
Address 1402 Bryant Bldg Date signed 11/25/39

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

FORM 1-11-39
REV. 3-17-39
U.S. GPO: 1939 O-419811

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.

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

J. A. Ryan

Licensed Embalmer No.

2799

P. O. Address

KC

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.