

No. 2
-10-39
17-34
x2 (1921)

MAY 13 1940
Registration District No. **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
409 North 22nd Street 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 50 years
years, months or days

8. (a) PRINT FULL NAME Mrs. Rachel C. Davis

8. (b) If veteran, name war _____ **8. (c) Social Security** No. None

4. Sex Female **5. Color or** race White

6. (b) Name of husband or wife Levi F. Davis **6. (a) Single, widowed, married,** divorced Widow

7. Birth date of deceased. February 25 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>1</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Unknown Collins

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd E. Thomas

(b) Address: 409 North 22nd Street

17. (a) Burial **(b) Date thereof** April 11 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Mrs. E. R. Sidenfaden

(b) Address: 602 South 10th Street

19. (a) April 11, 1940 **(b)** A. J. Heath
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Saint Joseph street 0
(If outside city or town limits, write "RURAL")

(d) Street No. 409 North 22nd Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1940 hour 2 minute _____ A.M.

21. I hereby certify, that I attended the deceased from 4/9 1940 at _____, 19____; that I last saw her alive on 4/9 and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Insufficiency

Due to _____

Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy none

PHYSICIAN _____
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? _____

23. Signature B. W. Tadlock **Coroner**
(M. D. or other)

Address King Hill Bldg Date signed 4/9 40

WRITE PLAINLY—USE 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, & by.....

Mollie E. Sidenfaden

Registered Apprentice No. 145

working under my personal supervision.

Signed

R. V. Wersh

Licensed Embalmer No. 3876

P. O. Address *St. Joseph M*

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.