. S. No. 2
—11-10-39
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41463

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4856

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

1. PLACE OF DEATH:

(a) County Jackson 1

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

(c) Name of hospital or institution:
Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 33 years in Kansas City, Ks.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

1

(a) State Kansas (b) County Wyandotte

(c) City or town Kansas City
(If outside city or town limits write "RURAL")

(d) Street No. 406 State Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Eugenia Davis

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edward G. Davis

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April 12, 1872 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	8	9	..... hr. ..... min.

9. Birthplace Near Glenn Elder, Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 6

11. Industry or business

FATHER
12. Name Christopher Kiser 1
13. Birthplace Auterbache (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Rosetta Schooley
15. Birthplace Ashtabula (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Dr. Edward G. Davis
(b) Address 406 State Ave.

17. (a) Burial-Removal (Burial, cremation, or removal) (b) Date thereof 12/22/40 (Month) (Day) (Year)
(c) Place: burial or cremation Cawker City, Kansas

18. (a) Signature of funeral director Geo. H. Long
(b) Address Kansas City, Kansas

19. (a) 12-22-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21
year 1940 hour 1:37 A.M minute ..... M.

21. I hereby certify that I attended the deceased from December 16th, 1940, to December 21, 1940;
that I last saw her alive on December 20, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion Cardiac Infarction	23 days
Due to 59	
Due to	
Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations
Of autopsy

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? 1
(Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph Gwilkes (M. D. or other) MD
Address 836 Prof. Bldg Date signed 12/21/40

(Licensed Embalmer's Statement on Reverse Side) Kansas City Mo.

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 Chas. H. Rider

Licensed Embalmer No. 340K

P. O. Address Kansas City, Kan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

Dr. Joseph Walker
Prof. Bldg.