

No. 2
4-13-40
5-17-39
X23159

FILED MAR 14 1941 99

Registration District No. _____

Primary Registration District No. 100

Registrar's No. _____

48
338
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3660 Summit Street, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days,
(Specify whether
In this community 3 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson, **48**
(c) City or town Kansas City, **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. 3660 Summit Street,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no. **0** years.

3. (a) PRINT FULL NAME Mrs. Lillian C. Davis,

3. (b) If veteran, name war NO. 3. (c) Social Security No. NO.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife J. Fred Davis, 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April 4th, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 10 18 _____ hr. _____ min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER { 12. Name Delos Colburn,
13. Birthplace New York, **1**
(City, town, or county) (State or foreign country)
14. Maiden name Sarah P.,
15. Birthplace Pennsylvania, **1**
(City, town, or county) (State or foreign country)

16. (a) Informant J. Fred Davis,
(b) Address Montrose Hotel, R. C., Mo.

17. (a) Removal, (b) Date thereof 2-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Manhattan, Kansas.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2/23/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 22nd
year 1941 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from Feb 17
1941 to Feb 22 1941;
that I last saw her alive on Feb 21 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Uremia **1 1/2** **4 da**
Due to Chronic nephritis } **about**
Arteriosclerosis } **1 year**
Other conditions Hypertension **1**
(Include pregnancy within _____ months of death)

Major findings: Patent Christa Bristed house difficult to get duration of arteriosclerosis **PHYSICIAN**
Of operations none
Of autopsy none **12/18**
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 **D**
23. Signature Earl Swickard (M. D. or other) **MD**
Address 3346 Summit Date signed _____

Dr. E. A. Burkhardt,
3346 Sumner

JUN 22 1943

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 Willis F. Bennett, Registered Apprentice No. 282 working under my personal supervision.

Signed E. M. Plank
Licensed Embalmer No. 1848
P. O. Address Y. C. Mo

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, fact should be so stated above.