

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6076**

OLD MAR 14 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **848**

1. PLACE OF DEATH: **Jackson**
 (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: **Menorah Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 hour**
 In this community **24 years** (Specify whether years, months or days)

3. (a) PRINT FULLNAME **X Ettie Libby Davis**
 3. (b) If veteran, name war **—** 3. (c) Social Security No. **—**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **—** years
 7. Birth date of deceased **April 14 1872**
 (Month) (Day) (Year)

8. AGE: Years **68** Months **10** Days **13** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **—**

MOTHER FATHER { 12. Name **Giza Garfinkel**
 13. Birthplace **Poland**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Don't know**
 15. Birthplace **Poland**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Leo Davis**
 (b) Address **2921 Flora**

17. (a) **Burial** (b) Date thereof **3-3-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Moriah Cemetery**

18. (a) Signature of funeral director **Carroll-Davidson**
 (b) Address **3024 Troost**

19. (a) **2/28/41** (b) **M. M. Cronin**
 (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. **2921 Flora**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. **48** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **27** year **1941** hour **4** minute **30** M.

21. I hereby certify that I attended the deceased from **1939**, 19___, to **death**, 19___; that I last saw her alive on **about date Feb 27, 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**
auricular fibrillation
 Due to **Pulmonary edema**
 Due to **—**
 Other conditions **—**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations **no operation**
 Of autopsy **no post**

Duration
 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) **None**
 (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) (e) Means of injury **—**

23. Signature **Walter Williams** (M. D. or other)
 Address **236 Maple Bldg, W. Va.** Date signed **Feb 28**

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

J. Mason Lyons

Licensed Embalmer No.....

4188

P. O. Address.....

3024 Frost

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.