

S. No. 2
1-4-13-40
v. 5-17-39
X23159

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17085
1717

State File No. _____
Registrar's No. _____

Registration District No. 399 Primary Registration District No. 1602

48
3
8

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Cresthaven Home
(d) Length of stay: In hospital or institution 8 years
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2910 Tracy Ave.
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Louise C. Davie
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 30th year 1941 hour _____ minute _____ M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Montgomery Davie
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 22, 1872

21. I hereby certify that I attended the deceased from January 20, 1939 to April 30, 1941
that I last saw her alive on Apr 30, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 4 Days 8
If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Terminal Pneumonia
myocardial failure
Due to marked Generalized Arteriosclerosis
Due to 12/10

9. Birthplace Kentucky

Other conditions Arteriosclerotic Leg Ulcers
Major findings: none
Of operations none
Of autopsy none

10. Usual occupation At home

11. Industry or business _____
12. Name Don't know
13. Birthplace Don't know
14. Maiden name Elizabeth A. Harris
15. Birthplace Kentucky

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(c) Where did injury occur? none
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

16. (a) Informant Arthur Davie
(b) Address 2910 Tracy Ave.
17. (a) Removal (b) Date thereof 5-1-1941
(c) Place: burial or cremation Louisville, Kentucky.

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd Street
19. (a) May 1, 1941 (b) M. H. Crow

23. Signature Harvey Bennett
Address Kansas City Mo. Date signed 5-1-41

Bryant Bell
12:30 To 5:00

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

Elmer C. Redburn

Licensed Embalmer No.

3495

P. O. Address

Kansas City 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.