

AUG 16 1941

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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:
3966 Walnut Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution X (Specify whether
 In this community Unknown years, months or days) /

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. 3966 Walnut
 (If rural, give location)
 (e) Citizen of foreign country? X (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Mrs. Ada Davis

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

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

8. AGE: Years Months Days If less than one day
about 65 hr. min.

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

10. Usual occupation at home

11. Industry or business X

12. Name John P. Sharon

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

14. Maiden name Mary Brice

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

16. (a) Informant Lewis A. Davis

(b) Address 3966 Warwick, Kansas City, Mo.

17. (a) Cremation (b) Date thereof 7- -41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 7-16-41 (b) S
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
 year 1941 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from _____ to _____
 that I last saw him _____ alive _____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Diagnosis:
Acute pulmonary edema
Chronic interstitial myocardial
filiosis
Coronary sclerosis

Other conditions (Include pregnancy within 3 months of death) 93H
 Major findings: 93H
 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 _____ or about home, on farm, or industrial place, in public place?
 _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature W. H. Miller (M. D. or other) S
 Address W. H. Miller Date signed _____

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

MOTHER FATHER

Coroner

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 E. M. Plaut

Licensed Embalmer No. 1848

P. O. Address Il. @ Mo.

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

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24130
Registrar's No. 2669

Registration District No. Primary Registration District No.

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(c) Name of hospital or institution: 3966 Walnut St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Ada Davis

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

4. Sex J 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) M. M. Crowe (Registrar's signature)

(Date received local registrar) (Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1941 hour 10 minute 00 M.

21. I hereby certify that I attended the deceased from 19.....
that I last saw him/her alive on 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

