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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

Registration District No. 3949

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33938

Primary Registration District No. 1002

Registrar's No. 3878

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:
6036 Virginia Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 53 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6036 Virginia Avenue 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -----

3. (a) PRINT FULL NAME Mrs. Mary Emma 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 Widowed

6. (b) Name of husband or wife Mr. Oscar Loring Davis

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

7. Birth date of deceased February (Month) 7 (Day) 1860 (Year)

8. AGE: Years 81 | Months 8 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Greene County (City, town, or county) | Pennsylvania (State or foreign country)

10. Usual occupation At Home

11. Industry or business -----

FATHER
12. Name George Remley
13. Birthplace Green County (City, town, or county) | Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Mary Jane Guthrie
15. Birthplace Green County (City, town, or county) | Pennsylvania (State or foreign country)

16. (a) Informant Mrs Guy M. Boyer

(b) Address 6036 Virginia av

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10/17/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th year 1941 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 17-'41, 19..., to Oct. 15, 1941; that I last saw her alive on Oct 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to 93D

Due to

Other conditions Arterial Sclerotic heart disease; Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Robert M Myers (M. D. or other) M.D.

Address 1025 Rialto Bldg Date signed 10-16-41

(Licensed Embalmer's Statement on Reverse Side)

Davis

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 Earle M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.