No. 2
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37542

State File No. 4337

Registration District No. DEC 22 1941 399

Primary Registration District No. 1002

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: 3946 College (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 17 Years

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. 3946 College (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

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3. (a) PRINT FULL NAME FLORA F. LANE

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe.

5. Color or race Wh.

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 Dec. (Month) 25 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	10	27	hr. min.

9. Birthplace Caldwell County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Homemaker

11. Industry or business None

FATHER
12. Name Dennis T. Davis
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Polly Brown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Millie Dewar
(b) Address 3946 College

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Black Oak Cem

18. (a) Signature of funeral director C. H. BLACKMAN & SON, INC.
(b) Address 2825 Indep. Blvd., Kansas City, Mo

19. (a) 11-22-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22 year 1941 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Nov 15, 1941, to Nov 22, 1941, that I last saw her alive on Nov 22, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Influenzal Pneumonia

Due to 330

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 9 Days

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 Ralph Perry (M. D. or other) MD
Address 4800 E 24 Date signed 12-6 Mo

(Licensed Embalmer's Statement on Reverse Side)

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. B H Blackmar

Licensed Embalmer No. 2244

P. O. Address.....

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

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