

FILED JUL 27 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2722

48
803
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
4429 Washington /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: lifetime (Specify whether years, months or days)

In this community: lifetime

2. USUAL RESIDENCE OF DECEASED:

Missouri Jackson 48

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 4429 Washington 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country: 0

3. (a) PRINT FULL NAME: Mrs. Mary Jennie 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: Married

6. (b) Name of husband or wife: Philip E. Davis

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: July 5 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months 0 Days 11 If less than one day
hr. min.

9. Birthplace: Kansas City, Mo. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: At home

11. Industry or business: At home

12. Name: James Wackerhagen

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

14. Maiden name: Ida May Barnes

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

16. (a) Informant: Philip E. Davis

(b) Address: 4429 Washington K.C. Mo.

17. (a) burial (b) Date thereof: 7/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: MT. Moriah Cemetary

18. (a) Signature of funeral director: Freeman Mortuary

(b) Address: Kansas City, Missouri

19. (a) 7-17-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1942 hour minute 50 M.

21. I hereby certify that I attended the deceased from July 10 1942 to July 18 1942

that I last saw her alive on July 18 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemiplegia

Due to: Arteriosclerosis

Due to: 835

Other conditions: n.m.o.
(Include pregnancy within 3 months of death)

Major findings: Of operations: None

Of autopsy: None

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?

While at work: (Specify type of place) (e) Means of injury:

23. Signature: Charles Albaugh (M. D. or other) F.D.P.

Address: 230 North Blvd Date signed: 7-16/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Mr. Chas. Bellant

3 E 39

VA. 1800

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 *Clarence H. Giles*
Licensed Embalmer No. *3473*
P. O. Address *26 E 39*

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.