

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 18 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39640

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4567

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 Kansas City General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
In this community 19 Years
(Specify whether 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. 4345 Montgall Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Mrs. Mary E. Davis
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 8th
year 1942 hour 12 minute 05 P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. Marion B. Davis
6. (c) Age of husband or wife if alive 70 years

21. I hereby certify that I attended the deceased from Pathologist to 19;
that I last saw him live on 19;
and that death occurred on the date and hour stated above.

7. Birth date of deceased October 7 1879
(Month) (Day) (Year)

Immediate cause of death Bronchopneumonia

8. AGE: Years 63 Months 2 Days 1 If less than one day hr. min.

Due to Rheumatoid arthritis

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

Due to 107

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations

12. Name Nelson Booth

Of autopsy Above

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

14. Maiden name Rhodie Garrison

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

16. (a) Informant Mr. Marion B. Davis

(b) Address 4345 Montgall Avenue

17. (a) Burial (b) Date thereof Dec. 12, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director D. H. Newcomer Lora
(b) Address 1401 Brush Creek Blvd.

19. (a) 12-9-42 (b) M. M. Crown
(Date of local Registrar) (Registrar's signature)

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 H. E. Walker M.D. (M. D. or other)

Address 23rd Mc Coy Date signed 12/8/42

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

C. Harvey Quisenberry

Licensed Embalmer No. *4070*

P. O. Address *5 C 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.