

FILED MAR 5 1943

Registration District No. _____ Primary Registration District No. **1002**

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

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:
Conley Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 days**
In this community **20 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. **3023 Park** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Lydia Davidson**

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, widowed
6. (b) Name of husband or wife **Granville** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **June 5 1871**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	8	19	hr. min.

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

10. Usual occupation **retired**

11. Industry or business _____

MOTHER FATHER

12. Name **No Record**
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name **No Record**
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Henry Mulford**

(b) Address **2513 Prospect**

17. (a) burial (Burial, cremation, or removal) **(b) Date thereof** **2 - 26 - '43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Bentley Mortuary**

(b) Address **5811 Troost**

19. (a) 2-26-43 (Date received local registrar) **(b) M. M. Crowe** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **24** year **1943** hour **4** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **Feb. 13**, 19**43**, to **Feb. 24**, 19**43**, that I last saw her alive on **Feb. 24**, 19**43**, and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic pneumonia** **1943**

Due to **Carcinoma of head of pancreas**

Due to _____ **467**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **Cholelithiasis**
Of operations **Cancer in the head of pancreas**
Of autopsy **Gall stones**
Cancer head of pancreas

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? _____

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

23. Signature **F. W. Thompson** (M. D. or other) **DD**

Address **720 Bryant Bldg** Date signed **2/24/43**

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.....

Guy Ruffington

Licensed Embalmer No. *276*

P. O. Address. *K C 7th*

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.