

**D. MAR 15 1943**

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1011

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:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
In this community 1 Year  
(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. 5235 Woodland Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 26  
year 1943 hour 4 minute 10 P.M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mr. Alva Davis  
6. (c) Age of husband or wife if alive ----- years  
7. Birth date of deceased December 19 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/20 to 2/26  
that I last saw her alive on 2/26  
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 2 Days 7  
If less than one day hr. min.

Immediate cause of death  
Nephritis (Chronic)  
Due to Dyscalculic Kidneys  
& Obstruction of Right Kidney  
Other conditions (Include pregnancy within 3 months of death) 131B

9. Birthplace Crawford County Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Henry Clay

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Robert Oldham

(b) Address 5235 Woodland

17. (a) Burial Mount Moriah Cemetery  
(Burial, cremation, or removal) (b) Date thereof March 1 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director W. W. Crown  
(b) Address 1401 Brush Creek Blvd

19. (a) 3-1-43 (b) W. W. Crown  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
Major findings: Of operations  
Of autopsy no  
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?

23. Signature Thomas R. Riney M.D.  
Address 204 Woodlawn Date signed 2/27/43  
(Specify type of place) (e) Means of injury (M, U, or Other)

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

MOTHER FATHER

Dr. J. A. Kyned  
3/24/1930  
12-1-30

**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

*Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *F. C. M.*

**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.**