

FILED FEB 18 1944

Registration District No.

Primary Registration District No. 100.2

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:
2409 Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)
In this community _____

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. 2409 Campbell (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Pecolia Davis

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charlie Davis 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased October 15 1894
(Month) (Day) (Year)

8. AGE: Years 49 Months 3 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Tupaloo Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name William Baker
13. Birthplace S. C.
(City, town, or county) (State or foreign country)
14. Maiden name Nettie
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Davis
(b) Address 2409 Campbell
17. (a) burial (b) Date thereof 1/31/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Hathins Bros
(b) Address 1729 Lydia
19. (a) Feb 1, 1944 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th
year 1944 hour 3 minute 50 P. A. M.

21. I hereby certify that I attended the deceased from Jan 1
1944, to Jan 17 1944;
that I last saw her alive on Jan 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic type heart disease Duration 6 years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) MD
Address Kansas City, Mo. Date signed _____

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

956

Hipper

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.....

I. J. Manlove

Licensed Embalmer No.....

3994

P. O. Address.....

2503 Highland

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.