S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40065

FILED JAN 9 1946

Registration District No. 999

Primary Registration District No. 1002

Registrar's No. 5290

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: Trinity Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 3105 Wallace 8
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ora May 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 Harley Davis

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March 12, 1902
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	9	8	hr. min.

9. Birthplace Jasper County Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Elias Lynn
13. Birthplace Unknown Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Armstrong
15. Birthplace Unknown Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harley Davis
(b) Address 3105 Wallace, K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/45
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 12-22-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th
year 1945 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from Dec 10, 1945, 19__, to Dec 20 1945
that I last saw her alive on Dec 20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Glomerular Nephritis 3 weeks

Due to Chronic Nephritis 1 year

Due to Unknown

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy Same

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature M B Corbett MD (M.D. or other)
Address 4800 Baltimore K.C. Mo. Date signed 12/22/45

(Licensed Embalmer's Statement on Reverse Side)

4000 Baltimore
Va 5115

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.....

Licensed Embalmer No.....

P. O. Address.....

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.