

FILED FEB 7 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 371

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: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 hours  
(Specify whether  
In this community since 1912  
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. 715 East 47th Street, 8  
(If rural, give location)  
(e) Citizen of foreign country? no. 1  
(Yes or No)  
If yes, name country \_\_\_\_\_ X

3. (a) PRINT FULL NAME Mrs. Mildred Davidson

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Reginald Davidson 6. (c) Age of husband or wife if alive unknown years  
7. Birth date of deceased April 29 1881  
(Month) (Day) (Year)

8. AGE: Years 68 Months 64 Days 22 If less than one day 23  
hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business X

12. Name John C. Lucas

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

14. Maiden name Elizabeth Hunter

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

16. (a) Informant Reginald Davidson

(b) Address 715 E. 47th St., Kansas City, Mo.

17. (a) Cremation (b) Date thereof 1-25-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-23-46 (b) Healdine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21st day January  
year 1946 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
through that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death fractured skull  
crushed chest  
Due to street car trauma

Due to \_\_\_\_\_  
Other conditions street car & pedestrian  
(Include pregnancy within 3 months of death)

Major findings: Of operations MI  
Of autopsy no  
History of hypertension

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence 1-21-46 123  
(c) Where did injury occur? 150 E. Jackson Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
public place

While at work? no (Specify type of place) (e) Means of injury street car

23. Signature Jane [unclear] (M/D-or other) 3/23/46  
Address 1424 [unclear] Date signed 1-23-46

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

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**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 E. M. Plouffe

Licensed Embalmer No. 1848

P. O. Address K. 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.**