

**FILED** JUL 4 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

Registrar's No. **2665**

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:  
**(Home) 5502 East 20th. St. K.C. Mo**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **18 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. **5502 East 20th. St. 8**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Bettie E. Davis**

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 **Widowed**  
6. (b) Name of husband or wife **Bennett Davis** 6. (c) Age of husband or wife if alive **X** years  
7. Birth date of deceased **Oct. 6th, 1859**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>86</b>	<b>8</b>	<b>10</b>	hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Joseph Davis**  
13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Rebecca Patrick**  
15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Edwin W. Davis**  
(b) Address **5502 East 20th. St. K.C. Mo**

17. (a) **burial** (b) Date thereof **6/18/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Sweet Springs, Mo.**

18. (a) Signature of funeral director **Earp Funeral Home**  
(b) Address **4139 East 15th. St. K.C. Mo.**

19. (a) **6-17-46** (b) **St. Waldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16th.**  
year **1946** hour **6** minute **25 P.M.**

21. I hereby certify that I attended the deceased from **May-18**, 19**46**, to **June 16**, 19**46**  
that I last saw him alive on **6-14**, 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Nephritis**  
Due to **Senile Regeneration**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: Of operations **13/8**  
Of autopsy \_\_\_\_\_

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 **R.P.B. Parrot** (M. D. \_\_\_\_\_)  
Address **2200-E-15th St** Date signed **6/18/46**

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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.....

.....  
working under my personal supervision.

Signed

Registered Apprentice No. ....

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.**