

No. 2
5-43
5-17-39
X36671

FILED JUN 20 1946

Registration District No. **176**

Primary Registration District No. **3026**

Registrar's No. **188**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
116 South Park Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **29 Years** (Specify whether years, months or days)

In this community **29 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 48**

(c) City or town **Independence 4**
(If outside city or town limits, write "RURAL")

(d) Street No. **116 South Park Street 4**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **MARY M. DAVIS**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Evan A. Davis**

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

7. Birth date of deceased **September 4, 1867**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 78 | 8 | 22 | hr. _____ min. _____ |

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Frank Miles**

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

14. Maiden name **Martha Roseberry**

15. Birthplace **Bonom, Texas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Freda Milburn**

(b) Address **Independence, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5/28/46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mound Grove Cemetery**

18. (a) Signature of funeral director **Roland R. Speck**

(b) Address **Independence, Missouri**

19. (a) **May 31-1946** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **26**, year **1946** hour **2** minute **A.** M.

21. I hereby certify that I attended the deceased from **November 22, 1945** to **December 19, 1945** that I last saw her alive on **May 15, 1946** and that death occurred on the date and hour stated above:

Immediate cause of death **Ventricular fibrillation due to atherosclerosis of left ventricle** Duration sudden

Due to **long standing rheumatic heart disease** many years

Due to **left coronary thrombosis**

Other conditions **thyroid adenoma**

(Include pregnancy within 3 months of death)

Major findings: **none**

Of operations _____

Of autopsy **Left coronary thrombosis near apex**

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) Means of injury _____

23. Signature **[Signature]** (M. D. or other) _____

Address **Independence** Date signed **5-26-46**

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

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.....

Roland Speaks

Licensed Embalmer No.....

3604

P. O. Address.....

Indep. 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.