

No. 2
-12-45
-5-17-39
X47070

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

FILED NOV 12 1946

Registration District No. **177**

Primary Registration District No. **1002**

Registrar's No. **4594**

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:
4014 Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 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. 4014 Terrace
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Louise DAVEY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race Wh

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

6. (b) Name of husband or wife Charles Davey

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

7. Birth date of deceased March 16, 1868
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>78</u> | <u>7</u> | <u>15</u> | hr. _____ min. |

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Joseph K. Lyttle

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

14. Maiden name Mary Ann Redford

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

16. (a) Informant Mrs. Harry L. Greer

(b) Address 2900 Parkwood Blvd. K.C.K.

17. (a) Removal (b) Date thereof 11/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hastings, Neb.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Blvd. K.C.K.

19. (a) 11-1-46 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31,
year 1946 hour 10 minute 10 a. M.

21. I hereby certify that I attended the deceased from February 10, 1946
19____ to Oct. 31 1946
that I last saw her alive on Oct. 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Hepatic duct & jaundice
Due to _____
Duration 3 mos

Due to _____
Other conditions Arteriosclerotic heart disease & Aortic Stenosis ?
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy as above
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? _____ Means of injury —

23. Signature Max Miller (M. D. or other) _____
Address 315 Alameda Road Date signed 31 Oct. 46

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. 3991

P. O. Address. 103 East 57 St

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.