S. No. 2
I—1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1441

FILED FEB 10 1948

Registration District No. 4

Primary Registration District No. 5 5 68

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 8712 Independence Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 8712 Independence Ave.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Isabelle May 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 widow

6. (b) Name of husband or wife W.T. Davis

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

7. Birth date of deceased April (Month) 8 (Day) 1875 (Year)

8. AGE: Years 72 Months 9 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Kane Co. (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

FATHER
12. Name Joseph E Wallace
13. Birthplace ..... (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Catherine Hoag
15. Birthplace ..... (City, town, or county) Scotland (State or foreign country)

16. (a) Informant Warren L Davis
(b) Address 440 Blue Ridge

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director C. H. Blackman & Son, Inc
(b) Address 2825 Independence Blvd

19. (a) 1-23-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 21 day ..... year 1948 hour 1:30 minute A.M.

21. I hereby certify that I attended the deceased from Jan 19, 1948, to Jan 21, 1948; that I last saw her alive on Jan 20, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	2 days
Due to: Arteriosclerosis	
Due to:	
Other conditions: Arthritis (Include pregnancy within 3 months of death)	10 yrs

Major findings:
Of operations none
Of autopsy —

PHYSICIAN

Underline the cause of 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 R J Dlabal M.D. (M. D. or other)

Address 10229 Indep. Ave Date signed Jan 21, 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) K.C. B. Mo

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

FEB 13 1948

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 O. K. McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas City 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.