

FILED MAY 15 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1922

48  
3  
8  
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: 7233 MADISON  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NO (Specify whether  
In this community 1 YR.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7233 MADISON  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

MISS RUTH MARIE DAVIED

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex F / 5. Color of race W  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife NO  
6. (c) Age of husband or wife if alive NO years  
7. Birth date of deceased MAY 8 1904  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 29  
year 1948 hour 11 minute 45 A. M.  
21. I hereby certify that I attended the deceased from Dec.  
1947 to Apr. 29 1948  
that I last saw her alive on Apr. 28 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple sclerosis Duration 16 yrs

8. AGE: Years 43 Months 11 Days 21  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation HOME

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

12. Name JOHN N. DAVIED

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

14. Maiden name ANNA PECK

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

16. (a) Informant HARRISON STITES

(b) Address 7233 MADISON

17. (a) BURIAL (b) Date thereof 4-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GIRARD, KANSAS

18. (a) Signature of funeral director STINE & MCCLURE

(b) Address KANSAS CITY, MO.

19. (a) 5-4-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations J.D.

Of autopsy \_\_\_\_\_

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 John O. Skinner (M. D. or other) MO.

Address 402 Beyond Blag Date signed 5/30/48

Robert D. Reed

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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 Robert D. Reed

Licensed Embalmer No. 3745

P. O. Address H. E. 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.**