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MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **36478**  
Registrar's No. **4955**

Registration District No. **149**

Primary Registration District No. **1002**

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: **ST. JOSEPH'S HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11-12-48-12-4-48**  
(Specify whether years, months or days)

In this community **54 YEARS**

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. **134 NORTH HARDESTY**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **SISTER MARY XAVIER (DAVIS.)**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **4**  
year **1948** hour **3:30** minute **A.M.**

21. I hereby certify that I attended the deceased from **Nov. 22**, 1948, to **December 4**, 1948;  
that I last saw her alive on **Dec. 3**, 1948;  
and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **JUNE 7 1874**  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

Due to **Pneumonia - pneumonia** **20 min**

Due to **Cerebral Hemorrhage** **4 days**

Other conditions **Atherosclerosis with hypertension**  
(Include pregnancy within 3 months of death)

8. AGE: Years **74** Months **5** Days **27** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **RELIGIOUS**

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER, FATHER {

12. Name **EDWIN F. DAVIS**

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

14. Maiden name **EVELYN MURPHY**

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

16. (a) Informant **RECORDS - ST. AGNES CONVENT**

(b) Address **134 NORTH HARDESTY**

17. (a) **BURIAL** (b) Date thereof **12-6-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. ST. MARYS CEMETERY**

18. (a) Signature of funeral director **J. F. ...**

(b) Address **3256 ...**

19. (a) **12-4-48** (b) **Steraldine Holmes**  
(Date received local registrar) (Registrar's signature)

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 **B. Landis Elliott** **B. Landis Elliott**  
(M. D. or other) (M. D. or other)

Address **1418 Professional Bldg.** Date signed **Dec. 4 '48**

**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..... *Park S. Rowe*.....

Licensed Embalmer No. *2347*.....

P.O. Address..... *K. 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.**