

FILED MAY 14 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

125331

State File No.

1694

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>46 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5206 Wilburn Court</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5206 Wilburn Court</u>		d. STREET ADDRESS (If rural, give location) <u>5206 Wilburn Court</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH S.</u> b. (Middle) <u>DAVIS</u> c. (Last) <u>DAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 17 51</u>		
---	--	--	---	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>3/1/1879</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u>	IF UNDER 1 WEEK Hours <u></u> Mins. <u></u>
----------------------	-------------------------------	---	----------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	---	--

13a. FATHER'S NAME <u>No Record (Jones)</u>	13b. MOTHER'S MAIDEN NAME <u>Kate Linn</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel Davis</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry S. Davis</u>	ADDRESS <u>118 N. Lawn</u>
--	----------------------------------	---	----------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 years 8 days</u> <u>Unknown</u> <u>4 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular disease & Left Ventricular Failure and Pleural Effusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Cerebral Vascular Hemorrhage</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Vascular Hemorrhage</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
--	--	---------------------------

22. I hereby certify that I attended the deceased from Aug 1949 to April 17, 1951, that I last saw the deceased alive on 4-16, 1951, and that death occurred at 640 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>P. A. Kienberger M.D.</u> (Degree or Title)	23b. ADDRESS <u>5242 St John</u>	23c. DATE SIGNED <u>4/17/51</u>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/20/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Moriah</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>4-18-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Skib</u>	ADDRESS <u>K.C. Mo.</u>
---	---	--	-------------------------

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Richard E. Carroll

Signed.....
Student Embalmer

Licensed Embalmer No. 4829

P. O. Address H. C. 870

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.