

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2482

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS City</b>		c. CITY OR TOWN <b>KANSAS City</b>	
c. LENGTH OF STAY (in this place) <b>LIBER</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Joseph Hospital</b>		STREET ADDRESS (If rural, give location) <b>6701 Brookside Blvd</b>	

3. NAME OF DECEASED a. (First) <b>Edith</b> b. (Middle) <b>HILDA</b> c. (Last) <b>DAVIS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 7, 1955</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>December 9, 1898</b>
9. AGE (In years last birthday) <b>56</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>ALEXANDER JOHNSON</b>		13b. MOTHER'S MAIDEN NAME <b>MARY UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>SAMUEL G. DAVIS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>SAMUEL G. DAVIS, 6701 Brookside Blvd. No. 3</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Rheumatic Valvular heart disease</b>		<b>37 years</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		<b>33ix</b>	

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)		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 **July**, 1953, to **June 7**, 1955, that I last saw the deceased alive on **June 7**, 1955, and that death occurred at **4:40 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Roy P. Drake</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>510 Professional Building</b>		23c. DATE SIGNED <b>6-8-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE 10, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS City Missouri</b>	
DATE REC'D BY LOCAL REG. <b>6-10-55</b>		REGISTRAR'S SIGNATURE <b>Reva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D. H. Newcomer</b>		ADDRESS <b>1231 Broadway Office</b>	

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Follie Kessel*.....

Licensed Embalmer No. *469*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.