

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: Robinson Clinic
(If not in hospital or institution, write street number or location) 3

(d) Length of stay: In hospital or institution 4 years
In this community 41 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Miss Mary Davison

3. (b) If veteran, name war XX

3. (c) Social Security No. None

4. Sex Fe

5. Color of race Wh

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

6. (b) Name of husband or wife XX

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

7. Birth date of deceased Nov. 17 1850
(Month) (Day) (Year)

8. AGE:

| | | | |
|-------|--------|------|----------------------|
| Years | Months | Days | If less than one day |
| 90 | 2 | 12 | hr. min. |

9. Birthplace Winnebago County / Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name No Record

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

14. Maiden name No Record

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

16. (a) Informant Miss Clarice Johnson

(b) Address 2024 Jefferson

17. (a) Burial (b) Date thereof Jan. 30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director J. V. Wagner

(b) Address Kansas City, Mo.

19. (a) Jan 29 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 2625 Paseo
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29th
year 1941 hour 9 AM minute _____ M.

21. I hereby certify that I attended the deceased from November 7 1937 to Jan 29 1941
that I last saw her alive on Jan 29 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 2 mths.
Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

Underline the cause to 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? _____

While at work? _____ (Specify type of place) _____ (Specify means of injury)

23. Signature M. M. Brown (M. D. or other) D
Address 2625 Paseo Date signed 1-29-41

WRITE PLAINLY--USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Cecil P. Mathis*

Licensed Embalmer No. *3807*

P. O. Address *W.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 this body is not embalmed, fact should be so stated above.