

No. 2
1-4-41
-17-39
X26390

1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20923**

Registration District No. **100**

Primary Registration District No. **100**

Registrar's No. **2453**

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: **Room 1105**
922 Linwood Blvd. LaSalle Apt. Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **52 Years** (Specify whether years, months or days)

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 **922 Linwood Blvd. LaSalle Apt. Hotel**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lucie Jane Seeley Davis**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mr. Samuel B. Davis**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **December 26 1850**
(Month) (Day) (Year)

8. AGE: Years **90** Months **6** Days **0**
If less than one day hr. min.

9. Birthplace **Lee County Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER
12. Name **Eli Seeley**
13. Birthplace **Fairfield County Connecticut**
(City, town, or county) (State or foreign country)
14. Maiden name **Martha Beeler**
15. Birthplace **Lee County Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mabel Davis Foster**
(b) Address **3328 Euclid**

17. (a) **Cremation** (b) Date thereof **June 28, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **D. W. Newcomer's Sons**

18. (a) Signature of funeral director **D. W. Newcomer's Sons**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **6/28/41** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **26th**
year **1941** hour **6** minute **A.M.**

21. I hereby certify that I attended the deceased from **June 24/41**
June 26 1941
that I last saw her alive on **June 26 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to **Coronary Arteriosclerosis**
Myocardiosis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
Duration **48 hrs**
Physician **946**
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?

23. Signature **D. W. Newcomer's Sons** (M. D. or other) _____
Address **1401 Brush Creek Blvd.** Date signed **6/28/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9-8
1400
Embalmer
Lawrence

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.