

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 4685

48
3
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks
(Specify whether years, months or days)

In this community 10 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Lillian B Davis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Roy W Davis 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Feb. 11, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>10</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Winchester Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business At Home

MOTHER FATHER { 12. Name George Jeffries

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

14. Maiden name Wick Richardson

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

16. (a) Informant Roy W. Davis

(b) Address 723 Wabash, K.C. Mo.

17. (a) Burial (b) Date thereof Dec. 19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt St Marys Cemetery

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address 6606 Inden, Ave. K.C. Mo.

19. (a) Dec. 17 1941 (b) M. W. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL") 30

(d) Street No. 723 Wabash
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 10 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9-14-1940
to 12-17-41
that I last saw her alive on 12-17-41
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis

Due to Carcinoma of liver possibly primary

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None H68

Of operations _____

Of autopsy Carcinoma of liver

Duration _____

PHYSICIAN _____

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)
(e) Means of injury 0

23. Signature R. Klapp (M. D. or other) _____
Address 1102 Grand Date signed 12-17-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.