

FILED MAR 16 1942

Registration District No. 197-201

Primary Registration District No. 52765280

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Liberty R. F. D. #2 ^{Imp}
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 10 months
years, months or days)

3. (a) PRINT FULL NAME Mrs. Cora M. Davis

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fe / 5. Color or race Wh / 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife S. C. Davis (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July 4 1867
(Month) (Day) (Year)

8. AGE: Years <u>74</u>	Months <u>6</u>	Days <u>1</u>	If less than one day hr. _____ min _____
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9. Birthplace Peru Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Caleb Frazier

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

14. Maiden name Mary Thompson

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

16. (a) Informant E. R. Beggs

(b) Address Welborn, Kansas

17. (a) Burial (b) Date thereof 2/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Highland Park Cem.

18. (a) Signature of informant E. R. Beggs

(b) Address 1416 Minn. Ave., K. C. Kansas

19. (a) Feb 7-1942 (b) Quack D. Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Liberty R. F. D. #2
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5 year 1942 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from July 1941 to Feb 5 1942, 19____ to _____, 19____ that I last saw her alive on Feb 4 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis
Hypertension

Duration Indefinite
Indefinite

Due to _____

Other conditions Peptic Ulcer
(Include pregnancy within 3 months of death) 1 yr.

PHYSICIAN _____

Major findings: _____

Of operations 911

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury 1

23. Signature E. R. Beggs (M. D. _____)

Address Liberty, Mo. Date signed 2/6/42

1021

RECEIVED

District Health Officer No. 8,

Number.....

3-13-42

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..... *Rollie M. Ends*.....

Licensed Embalmer No. *2381*.....

P. O. Address..... *Kansas City 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.