

FILED MAY 14 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1719

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

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:
1601 East 47th Street Terrace
(If not in hospital or institution, write street number or location)

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

In this community ~~1800~~ 1 1/2 yrs.

3. (a) PRINT FULL NAME Mrs. Johanna Clementine Davis
Mrs. Glennie Davis

3. (b) If veteran, name war None

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. Joseph Davis

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

7. Birth date of deceased: November 30 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>5</u>	<u>1</u>	hr. min.

9. Birthplace Shannon County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

12. Name Nathan Lowder

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

14. Maiden name Married Golden

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

16. (a) Informant Mrs. Joe Fisher

(b) Address 1601 East 47th St. Terrace

17. (a) Burial (b) Date thereof May 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director D. J. Newcomb, Sr.

(b) Address 1401 Brush Creek Blvd.

19. (a) 5-2-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 1601 East 47th Street Terrace
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st
year 1942 hour 11 minute 15 A.M.M.

21. I hereby certify that I attended the deceased from April 12, 1942 to May 1, 1942
that I last saw her alive on April 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to g3a

Due to -----

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 MI

23. Signature Kenneth G. Davis M.D. (M. D. or other) -----

Address 3301 Woodland Date signed 5-1-42

Duration being April 12-14-42

PHYSICIAN -----

Underline the cause to which death should be charged statistically.

Dr. Kenneth Davis
3301 Woodland

2-21-4

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. 3965

P. O. Address F. 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.