

FILED JUN 24 1943
Registration District No. **179**

Primary Registration District No. **1002**

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:
General Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5/5/43-5/14/43**
(Specify whether years, months or days)

In this community **31** Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **LULA DAVIS**

3. (b) If veteran, name war

3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **3 Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Charlie Davis** 6. (c) Age of husband or wife if alive **about 73** years

7. Birth date of deceased **April 3 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days // If less than one day

69 1 12 hr. min.

9. Birthplace **Dallington South Carolina**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Pauper**

12. Name **Andrew Hunter**

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

14. Maiden name **Diana Williams**

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

16. (a) Informant **Record Clerk**

(b) Address **General Hospital #2**

17. (a) **Burial** (b) Date thereof **6-1-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Deeds**

18. (a) Signature of funeral director **E. Stalling**

(b) Address **1212 Olive St. 792**

19. (a) **6-1-43** (b) **M. M. Crowe**
(Date received local register) (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. **801 Pacific Ave.**
(If rural, give location)

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

If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14th**
year **1943** hour **11** minute **35** P.M.

21. I hereby certify that I attended the deceased from **May 5**, 19**43** to **May 14**, 19**43**
that I last saw her alive on **May 14**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration

Due to **Primary Adeno-Carcinoma of Bladder with Metastasis**

Due to **52 B**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place) (c) Means of injury **2**

23. Signature **Dr. Crowe** (M. D. or other)

Address **Deeds** Date signed **5-19-43**

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

E. Stutzing Bell

Licensed Embalmer No. *3175*

P. O. Address *1214 Pine K.C.*

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.