

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 13 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:
 (a) County... Jackson
 (b) City or town... Kansas City
 (c) Name of hospital or institution:
 2741 Forest, /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... 2 months
 In this community... 40 years, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State... Missouri (b) County... Jackson, 18
 (c) City or town... Kansas City, 23
 (If outside city or town limits, write "RURAL")
 (d) Street No... 3822 Central
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country... X

3. (a) PRINT FULL NAME Mrs. Ida Olive Davis,

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

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed.

6. (b) Name of husband or wife Lewis Davis 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased May 17 1867 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	4	2	hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER

12. Name Alfred Groom

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

14. Maiden name Louisa Ganyard,

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

16. (a) Informant Mrs. Val Hakanson,

(b) Address 1301 S. Virginia, Hopkinsville, Ky.

17. (a) Burial (b) Date thereof 9-22-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 9-22-43 (b) P. E. Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19th year 1943 hour 5:00 minute a. M.

21. I hereby certify that I attended the deceased from June 19th 1943 to Sept 6 1943 that I last saw her alive on Sept 6 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 weeks

Due to Hypertension 30 yrs

Due to Chr. nephritis 30 yrs

Other conditions Chr. myocarditis 10 yrs (Include pregnancy within 3 months of death)

Major findings: Of operations: 8/30

Of autopsy 1318

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 plane) (a) Means of injury _____

23. Signature Barack Wilson (M. D. or other) M.D.

Address 1025 Rialto Bldg. Date signed 9-20-43

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

361

Dr. B. Wilson, Rialto Bldg., Vi 4751

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. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. 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.