

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

FILED SEP 21 1943 149

State File No. _____
Registrar's No. 3904

Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
534 Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life Time (Specify whether)
years, months or days

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. 552 Cherry
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sadie B. Davis

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife William Davis 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: Oct. 2 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Henry Henderson
13. Birthplace Clay County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Carter
15. Birthplace Platte City Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Truie
(b) Address 1119 E. 21st.

17. (a) Burial (b) Date thereof 9-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K. C. Mo.

19. (a) 9-11-43 (b) J. E. Brown, Dep.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 P. M.
year 1943 hour 19:45 minute _____

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
Deputy Coroner
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho Pneumonia Duration _____

Due to _____
Due to 101

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Susp. History

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)
(c) Means of injury _____
23. Signature J. P. Richardson (M. D. or other) _____
Address 1832 Vine St Date signed 9-9-43

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.....

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.