

Registration District No. **149**

Primary Registration District No. **1002**

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**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **10 minutes**  
(Specify whether years, months or days) **42 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3604 Flora Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Mrs. Catherine Genevieve Davoren**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Fe.** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Albert J. Davoren** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **May 4, 1886**  
(Month) (Day) (Year)

8. AGE: Years **57** Months **6** Days **5** If less than one day **hr. min.**

9. Birthplace **Red Bud, Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **William McManemin**  
13. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Hannah Parkerson**  
15. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Albert J. Davoren**  
(b) Address **3604 Flora Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-13-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's**

18. (a) Signature of funeral director **Thos. E. Quirk** Funeral Home  
(b) Address **4316 Troost Ave.**

19. (a) **11-13-43** (Date received local registrar) (b) **D. E. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **9th** year **1943** hour **10.10 P.M.** M.

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

Immediate cause of death **Cerebral Hemorrhage**

Due to **870'**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **See Above**

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?

PHYSICIAN

Underline the cause to which death should be charged statistically.

Signature **A. E. Upsher** (M. D. or other) **21/11/43**

Address **23 McCub** Date

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

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**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.....  
*Thomas E. Lusk*

Licensed Embalmer No. *3775*

P. O. Address.....  
*A. 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.**