

No. 2  
-5-43  
5-17-39  
I X36671

FILED MAR 27 1946

State File No. ....

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  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1012 Garfield /  
(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 About 6 years

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. 1012 Garfield  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Matilda Mae Davis

3. (b) If veteran, name war no

3. (c) Social Security No. 500-03-1726

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 12  
year 1946 hour 1:05 minute 0 M.

21. I hereby certify that I attended the deceased from 3 June, 1946, to \_\_\_\_\_, 1946;

that I last saw her alive on \_\_\_\_\_, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary insufficiency

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased December - 18 - 1887  
(Month) (Day) (Year)

Duration

Due to arteriosclerosis & nephritis

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 131a

Of operations \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>2</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Kansas City Kansas - 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Tilford Davis

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

14. Maiden name Catherine Young

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy no  
Hesley & J. J. ...

16. (a) Informant Mrs. Hazel Westmoreland

(b) Address 1012 Garfield, Kansas City, Mo.

17. (a) Burial (b) Date thereof 3/15/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery

18. (a) Signature of funeral director E. Sterling Bull

(b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 3-15-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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? no

(e) Means of injury \_\_\_\_\_

23. Signature J. J. ... (M. D. or other) \_\_\_\_\_  
Address 1424 ... Date signed 3-14-46

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.....

*E. Sterling Bills*

Licensed Embalmer No. 3178.....

P. O. Address 1212 Vine St., 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.**