

Registration District No. **146** Primary Registration District No. **3026**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Independence, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **30 days**
(Specify whether years, months or days)
 In this community **30 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **MRS. OLIVE DAVIS**
 3. (b) If veteran, name war **none** 3. (c) Social Security No. **1**

4. Sex **female** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced, **widowed**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **October 30, 1869**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	3	13	hr. min.

9. Birthplace **Forestville, Mich.**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

MOTHER { 12. Name **Gotlieb Schubel**
 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

FATHER { 14. Maiden name **Katherine Bender**
 15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lula Roberts**
 (b) Address **Cabool, Mo.**

17. (a) **Removal** (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Cabool, Mo.**

18. (a) Signature of funeral director **Geo. C. Carson Funeral**
 (b) Address **Independence, Mo.**

19. (a) **2-28-47** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson** **107**
 (c) City or town **Cabool**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No) **1**
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **13th**
 year **1947** hour **4:15** minute **P** M.

21. I hereby certify that I attended the deceased from **1/14**, 19**47**, to **2/13**, 19**47**
 that I last saw her alive on **2/13**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death **Terminal bronchopneumonia** Duration **2 days**

Due to **Carcinoma of head of pancreas** month

Due to _____

Other conditions **Cholelithiasis, Hypertension & arteriosclerosis** year **yes.**
(Include pregnancy within 3 months of death)

Major findings: Of operations **above** **PHYSICIAN**

Of autopsy **465**
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? _____

Home _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature **Vance E. Litch, M.D.** (M. D. or other) **0**
 Address **129 W. Fernington, Independence, Mo.** Date signed **2/15/47**

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

JAN 2 2 1958

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

Charles F. Tyler, Registered Apprentice No. 411
working under my personal supervision.

Signed R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.