

No. 300
-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

26240
3395

State File No. _____
Registrar's No. _____

FILED SEP 4 1948
Registration District No. 149

Primary Registration District No. 1002

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

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: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 615 East 9th Street,
(If rural, give location) 0
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. (Mary) Emma Davis
(b) If veteran, name war no. (c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 18
year 1948 hour 2:30 minute P. M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed 7
(b) Name of husband or wife Joseph Warren Davis 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased. February 17 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1948 to Aug 18 1948
that I last saw h. alive on June 18 1948 and that death occurred on the date and hour stated above

8. AGE: Years 72 Months 6 Days 1 If less than one day
hr. min.

Immediate cause of death Uremia chr. Nephritis
Due to Age

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

Due to Age

10. Usual occupation at home,

Other conditions none
(Include pregnancy within 3 months of death)

11. Industry or business X

Major findings: ms 12/16

12. Name unknown

Of operations ms 12/16
Of autopsy no

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

14. Maiden name unknown

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

16. Informant Hazel Emma Carter
Address 3616 Wayne, Kansas City, Mo.

17. (a) burial (b) Date thereof 8-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-20-48 (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? _____

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

23. Signature MB Bessell (M. D. or other)
Address 4000 Baltimore

PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. M. B. Casebolt

See office 4000 Baltimore
around 10:30 or 11
in & out

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..... *Charles H. Stickney*

Licensed Embalmer No. *4560*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of mo
County of Jackson ss.

State File No. 26263-48
Local Registrar's No. 3395-48

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 23 day of March, 1949, before me appears Ray M. Carter, who, upon her oath, states that the original record of birth death for Mary Emma Davis died August 18, 1948, in the State of Missouri, and which was filed at A. C. Mo on 8-20-1948, should be corrected as follows:

- Item No. 3 should read (Mary) Emma Davis
Instead of Mary Emma Davis
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ray M. Carter relation
3616 Wayne Ave. (Davis)
Present Address.

Subscribed and sworn to before me this 22nd day of March, 1949.

My Commission expires Oct. 21, 1951 Barrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1948
S-26240