

10-47
17-39
3906

FILED DEC 14 1948

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4939

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:
4210 So. Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community 62 Years
(Specify whether years, months or days)

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. 4210 So. Benton
(If rural, give location)
(e) Citizen of foreign country? X NO (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Susan E, Davis

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Sept. 2 1858
(Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 22 If less than one day
hr. min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Arthur Paullin
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Susan Wilmoth
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. J. Puckett Daughter

(b) Address 4210 So. Benton

17. (a) Burial (b) Date thereof 12-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director STINE & McCLURE

(b) Address 3235 Gillham Plaza K.C., MO.

19. (a) 12-3-48 (b) Thereldine Holman
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1948 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from 11-28-48
1948, to 12-30, 1948;
that I last saw her alive on 11-30, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute nephritis Duration 6 days

Due to Influenza (b) 10 days

Due to Senility (b)

Other conditions 33 b
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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? 2

While at work? _____ (Specify type of place)
(c) Means of injury _____
Signature Edna M. Bangs DO
Address 3 E. 39th St., K.C. 2 Mo. (M. D. or other) DO
Date signed 12-1-48

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

Mr. Barney
3-5-39 St
Apr 11 30

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 Max E. Meyer

Licensed Embalmer No. 4555

P. O. Address Kansas City, 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.