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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 49

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36480

Registrar's No. 4890

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: RESEARCH HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 DAYS (Specify whether years, months or days)

In this community: 4 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: BUCHANAN

(c) City or town: ST. JOSEPH (If outside city or town limits, write "RURAL")

(d) Street No.: 2426 S. 17TH STREET (If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: PEARL MARIE DAVISSON

3. (b) If veteran, name war: NONE

3. (c) Social Security No.: NONE

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: J. B. DAVISSON

6. (c) Age of husband or wife if alive: unk years

7. Birth date of deceased: JAN. (Month) 20 (Day) 1899 (Year)

8. AGE: Years 49 Months 10 Days 10 If less than one day: hr. min.

9. Birthplace: HARRISON Co. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: HOUSEWIFE

11. Industry or business: AT HOME

MOTHER FATHER

12. Name: LEWIS S. BROWN

13. Birthplace: HARRISON CO. (City, town, or county) MO. (State or foreign country)

14. Maiden name: ELISABETH ZERBE

15. Birthplace: HARRISON Co. (City, town, or county) MO. (State or foreign country)

16. (a) Informant: J. B. Davisson

(b) Address: 2426 S. 17TH ST., ST. JOSEPH, MO.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: 11-30-48. (Month) (Day) (Year)

(c) Place: burial or cremation: ST. JOSEPH, MO.

18. (a) Signature of funeral director: Walter Mentzhofer

(b) Address: 1206 CALHOUN ST., ST. JOSEPH, MO.

19. (a) 11-30-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30 year 1948 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 20, 1948, to Nov. 30, 1948, that I last saw her alive on Nov. 29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Brain tumor, right frontal lobe malignant	2 mo.
Due to ✓	
Due to ✓	
Other conditions (Include pregnancy within 3 months of death) 54.15	

Major findings: Of operations: Encephalogram, incomplete.

Of autopsy: Brain tumor, right frontal lobe, infiltrating.

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? (Specify type of place)

While at work? (e) Means of injury

Signature: Frank R. Teachenor (M. D. or other) MD

Address: 411 Alameda Road Date signed: 11-30-48

(Licensed Embalmer's Statement on Reverse Side)

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.....Elbert R. Harrington

Licensed Embalmer No.....3258 Mo.

P. O. Address.....St. Joseph, 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.