

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

81-136827			CERTIFICATE OF DEATH STATE OF CALIFORNIA			3400			4913														
STATE FILE NUMBER												LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER											
1A. NAME OF DECEDENT—FIRST Josephine				1B. MIDDLE Robinson				1C. LAST Davis				2A. DATE OF DEATH (MONTH, DAY, YEAR) October 16, 1981				2B. HOUR 1240							
3. SEX Female		4. RACE White		5. ETHNICITY 9				6. DATE OF BIRTH April 2, 1895				7. AGE 86		17 UNDER 1 YEAR MONTHS		18 UNDER 24 HOURS DAYS		19 UNDER 34 HOURS HOURS		20 UNDER 34 HOURS MINUTES			
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) IL				9. NAME AND BIRTHPLACE OF FATHER Frank J. Reichmann - IL								10. BIRTH NAME AND BIRTHPLACE OF MOTHER Josephine Lemos - KY											
11. CITIZEN OF WHAT COUNTRY U. S. A.				12. SOCIAL SECURITY NUMBER 358-01-3470				13. MARITAL STATUS Married				14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) E. Kendall Davis											
15. PRIMARY OCCUPATION Homemaker				16. NUMBER OF YEARS THIS OCCUPATION Adult Life		17. EMPLOYER (IF SELF EMPLOYED, SO STATE) At Home		18. KIND OF INDUSTRY OR BUSINESS Homemaking															
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 661 Crocker Road						19B.						19C. CITY OR TOWN Sacramento											
19D. COUNTY Sacramento						19E. STATE CA						20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP E. Kendall Davis - Husband											
21A. PLACE OF DEATH Residence				21B. COUNTY Sacramento				21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 661 Crocker Road				21D. CITY OR TOWN Sacramento				21E. STATE AND ZIP CODE Sacramento, Ca. 95825							
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <i>Gastrointestinal Hemorrhage</i> DUE TO, OR AS A CONSEQUENCE OF (B) <i>Undetermined cause</i> DUE TO, OR AS A CONSEQUENCE OF (C)												24. WAS DEATH REPORTED TO CORONER? <i>No</i>		25. WAS BIOPSY PERFORMED? <i>No</i>		26. WAS AUTOPSY PERFORMED? <i>No</i>							
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <i>Multiple strokes</i>						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: <i>No</i> DATE:																	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 5-14-73				28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>Milo Nittler M.D.</i>				28C. DATE SIGNED 10-16-81		28D. PHYSICIAN'S LICENSE NUMBER CA 12770													
28E. TYPE PHYSICIAN'S NAME AND ADDRESS Milo Nittler, M.D., 3307 Alta Arden Expressway, Sacramento, Ca.																							
29. SPECIFY ACCIDENT, SUICIDE, ETC.				30. PLACE OF INJURY				31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR											
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)						34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)																	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)						35B. CORONER—SIGNATURE AND DEGREE OR TITLE				35C. DATE SIGNED													
36. DISPOSITION Cremation		37. DATE—MONTH, DAY, YEAR Oct. 17, 1981		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY North Sacramento Memorial Crematory				39. EMBALMER'S LICENSE NUMBER AND SIGNATURE Not Embalmed															
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) North Sacramento Funeral Home				41. LOCAL REGISTRAR—SIGNATURE <i>Joseph C. ...</i>								42. DATE ACCEPTED BY LOCAL REGISTRAR 10/16/1981											
STATE REGISTRAR		A. <i>7</i>		B. <i>X</i>		C. <i>2</i>		D.		E. <i>5789</i>		F.											

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.



Michael L. Rodrian
STATE REGISTRAR OF VITAL RECORDS

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This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE