

APR 23 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11194

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400 423
 (b) To Leeds Summit Primary Registration District No. 6538 Registered No. 49
 (c) Leeds Summit (d) Street No. Residence St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Hannah Florence Davis
 (a) Residence, No. Leeds Summit Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-18-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 ✓

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house keeper
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Snyder Ohio

FATHER 13. NAME M. C. Tudor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ohio

MOTHER 15. MAIDEN NAME Mary Throck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Va.

17. INFORMANT (ADDRESS) Henry J. Davis Leeds Summit Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds Summit DATE 3-20-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fields Funeral Home Leeds Summit Mo.

20. FILED 3/20/1940 Sara G. Base Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18-1940

22. I HEREBY CERTIFY, That I attended deceased from 2-15-, 1940, to 3-18-, 1940

I last saw her alive on 3-18-, 1940. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset 3/18/40
Lobar Pneumonia 2/18/40

Other contributory causes of importance: 199

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Cliff G. Miller M. D.

(Address) Leeds Summit Mo.

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..... *R.C. Fields*

Licensed Embalmer No.....

P. O. Address..... *2759*

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, above space should be left blank.