

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13121
State File No.
Registrar's No. 1649

FILED MAY 3 1943
Registration District No.

Primary Registration District No. 1002

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

1. PLACE OF DEATH: **Jackson**

(a) County **Jackson**

(b) City or town **Kansas City Mo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **3422 Olive /**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no**
(Specify whether)

In this community **2 yrs**
(years, months or days)

3. (a) PRINT FULL NAME **Anabel E Davidson**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **fe** 5. Color or race **wh**

6. (a) Single, widowed, married, divorced **2** **widowed**

6. (b) Name of husband or wife **Husband** (a) Age of husband or wife if alive **no** years

7. Birth date of deceased **Feb II 1857**
(Month) (Day) (Year)

8. AGE: Years **86 85** Months **1** Days **26** If less than one day **00** hr. min.

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

10. Usual occupation **School Teacher**

11. Industry or business **J H Smoot**

12. Name **Ill**

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

14. Maiden name **Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr Earl Davidson**

(b) Address **3422 Olive**

17. (a) (b) Date thereof **4 9 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LA Monte Mo**

18. (a) Signature of funeral director **Stylar Fun Home**

(b) Address **1800 Linwood**

19. (a) **4-7-43** (b) **D. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **48**

(a) State **Missouri** (b) County **Jackson** **3**

(c) City or town **Kansas City** **8**
(If outside city or town limits, write "RURAL.")

(d) Street No. **3422 Olive**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **7** year **1943** hour **12** minute **19** A.M.

21. I hereby certify that I attended the deceased from **April 7 43** to **April 14 43** 19...; that I last saw him **April 7 43** alive on **April 7 43** 19...; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Failure**
111 Myocardial Infarction

Due to **Ch. Myocarditis**

Due to **Seratch - 93 B**

Other conditions **none**
(Includes pregnancy within 3 months of death)

Major findings: **none**
Of operations **none**

Of autopsy **none**

Duration

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) **none**

(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 **no** (Specify type of place) (e) Means of injury

23. Signature **E. P. Monahan** (M. D. or other) **8**

Address **311 Olive St. Mo** Date signed **4/7/43**

D R Monahan Argyle Bg

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..... *Chas Wilks*
Licensed Embalmer No. *2644*
P. O. Address. *1800 Linwood*

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.