V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20314

FILED JUN 24 1943

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2472

1. PLACE OF DEATH:

(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: 1118 1 East 23rd St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community Nov-16-1942 to 5-28-43 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 18

(c) City or town Kansas City 1 (If outside city or town limits, write "RURAL")

(d) Street No. 1118 East - 23rd St (If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Annie Cuington

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race 3 Negro

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased March (Month) - 29 (Day) - 1884 (Year)

8. AGE: 59 Years Yr | Months 21 | Days 29 | If less than one day — hr. — min.

9. Birthplace Texas (City, town, or county) 1 (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name SNAdrach Davis
13. Birthplace Texas (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 1 (State or foreign country)

16. (a) Informant Margaret Sutton Hunter

(b) Address 1118 East - 23rd St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-1-43 (Month) (Day) (Year)

(c) Place: burial or cremation Paris Texas

18. (a) Signature of funeral director E. Sterling Bills

(b) Address K.C. Mo

19. (a) 6-1-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-28-1943 day year ..... hour 5 55 minute A M.

21. I hereby certify that I attended the deceased from 1-15- 1943 to 5-28- 1943 that I last saw her alive on 5-28- 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure.	8 hrs
Due to Hypertensive Type Heart	1 yrs
Due to Chr. Parenchymatous Nephritis	3 yrs
Other conditions (Include pregnancy within 3 months of death) 1813	

Major findings:
Of operations NONE.
Of autopsy NONE.

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) NO

(b) Date of occurrence NO

(c) Where did injury occur? NO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO (Specify type of place)

While at work? NO (e) Means of injury NO

23. Signature L. S. Wells (M. D. or other)

Address 1605-E-18th St Date signed

(Licensed Embalmer's Statement on Reverse Side) K.C. 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 E. Sterling Bills

Licensed Embalmer No. 73178

P. O. Address 1212 Vine K.C.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.