

FILED FEB 13 1945

Registration District No. 748

Primary Registration District No. 3026

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
419 W. Walnut  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 30 yrs  
years, months or days)

3. (a) PRINT FULL NAME Anna Florence Dailey

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife: Harace Dailey 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 17, 1855  
(Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Jayette City, Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Carroll Dailey

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

14. Maiden name Mary Fisher

15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Lloyd B. Dailey

(b) Address Independence, Mo

17. (a) Burial (b) Date thereof 1/25/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Robert R. Sparks

(b) Address Independence, Mo

19. (a) 1-25-1945 (b) James W. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 419 W. Walnut  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23  
year 1945 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept, 1944, to Jan, 1945  
that I last saw h. or alive on Jan 22, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo pneumonia Duration 3 days  
Due to Influenza 7 days

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 33  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature: J. B. ... (M. D. or other) \_\_\_\_\_  
Address: Independence Date signed Jan 23

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

8  
4  
4

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**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 *Roland P. Sparks*  
Licensed Embalmer No. 3604  
P. O. Address Indep. 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.**