

FILED MAR 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8542

977

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 2-19-45
(Specify whether years, months or days)

In this community 9 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City, 5
(If outside city or town limits, write "RURAL") 8

(d) Street No. 3842 Central
(If rural, give location)

(e) Citizen of foreign country? no. 0 (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Mrs. Anna E. Davis

3. (b) If veteran, name war no.

3. (c) Social Security No. NO.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th
year 1945 hour 12:20 minute A. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married,

(b) Name of husband or wife Ray M. Davis, 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased 5 32 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 6-1945
19 28- to Feb. 28- 19 45

that I last saw her alive on 2-28-45 and that death occurred on the date and hour stated above.

Immediate cause of death

8. AGE: Years 52 Months 9 Days 6 If less than one day hr. min.

9. Birthplace Joplin Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

Due to Cirrhosis of liver

Due to Pneumonia Bronchial

Other conditions (Include pregnancy within 3 months of death)

Major findings: 12481

11. Industry or business X

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant R. Davis,

(b) Address 3842 Central, Kansas City, Mo.

17. (a) Burial (b) Date thereof 3-1-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Mar 7 1945 (b) Ferguson
(Date received local registrar) (Registrar's signature)

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? (a) Means of injury

23. Signature J. Montgomery (M. D. or other) M.D.
Address 1632 Irving Pl. Date signed 7/28/45

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

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*Prof. Bledy
2 P.M.*

Dr. J. D. Montgomery.

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 *Robert H Reed*
Licensed Embalmer No. *3745*
P. O. Address *Kansas City 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.