

Registration District No. **149**

Primary Registration District No. **1002**

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

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: **Wheatley Hospital 0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 weeks**
(Specify whether years, months or days)

In this community **4 Years**

3. (a) PRINT FULL NAME **Annie B. Davis**

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

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

4. Sex **Female** 5. Color or race **Negro**

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

6. (b) Name of husband or wife **Charlie Davis**

6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **April 1904**
(Month) (Day) (Year)

8. AGE: Years **44** Months **1** Days **—** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

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 **Charlie Davis**

(b) Address **1518 East 24th St. Terr.**

17. (a) **Removal** (b) Date thereof **5/28/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memphis, Tennessee**

18. (e) Signature of funeral director **Hopkins Bros**

(b) Address **1729 Lydial Avenue**

19. (a) **5-29-48** (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town **Kansas City 3**
(If outside city or town limits, write "RURAL")

(d) Street No. **1518 East 24th St. Terr. 7**
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **26**
year **1948** hour **10** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **May 22-48**
1948 to **May 26 1948**

that I last saw her alive on **May 26 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer thrombosis** Duration
Following a quarter
enteroplegic par cancer
Due to **of the pylorus**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: **Cancer of pylorus** PHYSICIAN
Of operations **468**
Of autopsy

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?

While at work? (Specify type of place)

(c) Means of injury **5**

23. Signature **Per Renewed** (M. D. or other)
Address **928 Argyle Blvd** Date signed **5/27/48**

JUN 23 1948

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 *J. J. Manlowe*

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.