

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

8333

1158

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|
| BIRTH NO. ....                                                                                                                                                                                                                                               |  | REG. DIST. NO. <u>149</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | PRIMARY REG. DIST. NO. <u>1002</u>                                                                                                          |  | Registrar's No. ....                                                             |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |                                                                                  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>                                                                                                                                                              |  | c. LENGTH OF STAY (In this place) <u>28 yrs.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>                                             |  |                                                                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Providence</u>                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | d. STREET ADDRESS (If rural, give location) <u>1539 Olive Apt. 14</u>                                                                       |  |                                                                                  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>Fannie R. Dailey</u>                                                                                                                                                                                               |  | a. (First)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | b. (Middle)                                                                                                                                 |  | c. (Last)                                                                        |  |
| 5. SEX <u>Female</u>                                                                                                                                                                                                                                         |  | 6. COLOR OR RACE <u>Negro</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>                                                                       |  | 8. DATE OF BIRTH <u>Nov. 27, 1897</u>                                            |  |
| 9. AGE (In years last birthday) <u>51</u>                                                                                                                                                                                                                    |  | 10. MONTHS <u>11</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 10. DAYS <u>11</u>                                                                                                                          |  | 10. HOURS <u>11</u>                                                              |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>                                                                                                                                                 |  | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 11. BIRTH PLACE (State or foreign country) <u>Abilene, Texas</u>                                                                            |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                                          |  |
| 13a. FATHER'S NAME <u>Bennie Fambrough</u>                                                                                                                                                                                                                   |  | 13b. MOTHER'S MAIDEN NAME <u>Fannie Murry</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 14. NAME OF HUSBAND OR WIFE <u>Rivers Dailey</u>                                                                                            |  |                                                                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>                                                                                                                                                                                  |  | 16. SOCIAL SECURITY NO. <u>—</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Rivers Dailey</u> ADDRESS <u>1539 Olive</u>                                                            |  |                                                                                  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                              |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sub Arachnoid hemorrhage</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>due to aneurism of the</u><br>DUE TO (c) <u>Anterior Communicating Artery</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>452X</u> |  |                                                                                                                                             |  | INTERVAL BETWEEN ONSET AND DEATH                                                 |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                       |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                             |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)                                                                                                                                                                                                                     |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                                                                                                                                                                                                                                                                                                                                                                                      |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                                                                             |  |                                                                                  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)                                                                                                                                                                                                     |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                        |  | 21f. HOW DID INJURY OCCUR?                                                                                                                  |  |                                                                                  |  |
| 22. I hereby certify that I attended the deceased from <u>Feb 14, 1949</u> , to <u>Mar 11, 1949</u> , that I last saw the deceased alive on <u>Mar 11, 1949</u> , and that death occurred at <u>10:50 a.m.</u> from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                             |  |                                                                                  |  |
| 23a. SIGNATURE <u>D. M. Miller</u> (Degree or title)                                                                                                                                                                                                         |  | 23b. ADDRESS <u>1816 Vine-Kls. Mo.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 23c. DATE SIGNED <u>3-12-49</u>                                                                                                             |  |                                                                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                                      |  | 24b. DATE <u>3/14/49</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>                                                                                  |  | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>       |  |
| DATE REC'D BY LOCAL REG. <u>3-14-49</u>                                                                                                                                                                                                                      |  | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter D. Bro.</u>                                                                                      |  | ADDRESS <u>1729 Lydia</u>                                                        |  |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. A. M. Miller

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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.....

....., Student Embalmer No. ....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

*J. L. Mendon*

Licensed Embalmer No. *3994*

P. O. Address *2103 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.