

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17772

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City, Mo. (d) Street No. 719 Gladstone St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 2174

2. PRINT FULL NAME

176 Mrs. Anna Belle Davis
(a) Residence, No. 719 Gladstone St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Davis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1870
7. AGE YEARS 69 MONTHS 0 DAYS 9 ~~25~~ IF LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 1
13. NAME Rayle 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 1
Unknown 9
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT Mrs. H. R. Wagner,
(ADDRESS) 719 Gladstone, K.C. Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE May 25-39 19
19. FUNERAL DIRECTOR (NAME) C.H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.
20. FILED May 25, 1939 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22-39 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1938, to May 22, 1939
I last saw her alive on May 22, 1939. Death is said to have occurred on the date stated above, at 10P m.
The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis
Chronic

Date of onset

Other contributory causes of importance:

Agitic dilatation
Chronic Emphysema

Name of operation None Date of None
What test confirmed diagnosis? Was there an autopsy? Refused

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Chronic Nephritis M. D. Chas. A. ...
(Signed) Chas. A. ...
(Address) 230 West 1st St.

Nov 18 1900

39th & Main

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.....

..... Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.