

Registration District No. **399**

Primary Registration District No. **100**

1. PLACE OF DEATH: **Jackson**
(a) County **Kansas City**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Luke's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **23 days**
(Specify whether
In this community **3 years**
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Anna Davis**
3. (b) If veteran, name war **XX**
3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Wm. Henry Davis** 6. (c) Age of husband or wife if alive **XX**
7. Birth date of deceased **July 21, 1858**
(Month) (Day) (Year)

8. AGE: Years **82** Months **4** Days **6** If less than one day hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER
12. Name **Wm. Muir**
13. Birthplace **Philadelphia Pa.**
(City, town, or county) (State or foreign country)
14. Maiden name **Fietta Kram**
15. Birthplace **Philadelphia Pa.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jessie Zimmerman**
(b) Address **3523 Warwick**

17. (a) **Removal** (b) Date thereof **12-1-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oklahoma City, Okla.**

18. (a) Signature of funeral director **J. M. Wagner**
(b) Address **Kansas City, Mo.**

19. (a) **12/1/40** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3523 Warwick**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **30,** year **1940** hour **7** minute **05** A.M.

21. I hereby certify that I attended the deceased from **11/1-40**
19____, to **11/30/** 19____
that I last saw her alive on **11/29** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia & tuberculosis**
Due to **Fracture of hip & hypertension**
Due to **186**
Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations
Of autopsy **Sclerosis kidney, pneumonia, cystitis**
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) **Accident**
(b) Date of occurrence **Oct. 10, 1940**
(c) Where did injury occur? **Kansas City, Missouri**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
361 Home
While at work? (Specify type of place) (e) Means of injury
23. Signature **J. M. Wagner** (M. D. or other) **Fall**
Address **311 W. 10th St.** Date signed **11/30-40**

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

SEP 10 1942

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 *A. R. Hainschild* 415

Licensed Embalmer No. *K. C. Mo*

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, fact should be so stated above.