V. S. No. 2
OOM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8543

State File No. 1356

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:
7342 TRACY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 YEARS.
years, months or days)

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. 7342 TRACY
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA LEE DAVIS
3. (b) If veteran, name war NO
3. (c) Social Security No. 499-16-8414
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife RICHARD E. DAVIS
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Dec (Month) 26 (Day) 1884 (Year)

8. AGE: Years 60 Months 2 Days 27 If less than one day hr. min.

9. Birthplace TEXAS (City, town, or county) (State or foreign country)
10. Usual occupation CLERK.
11. Industry or business AIRCRAFT ACCESSORIES CORP.
FATHER
12. Name MILO P. TOTTEN
13. Birthplace UNK. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name (UNK) RICHARDSON
15. Birthplace UNK (City, town, or county) (State or foreign country)
16. (a) Informant MRS. CHAS. HEDGES
(b) Address 7342 TRACY, K.C., MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 26, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK, K.C., MO.
18. (a) Signature of funeral director E. R. George & Son
(b) Address Independence, Mo.
19. (a) 3-24-45 (Date received local registrar) (b) T. E. Brown (D.R.) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 23
year 1945 hour 5 minute 25 P.M.
21. I hereby certify that I attended the deceased from Feb 8, 1945, to Mch 21, 1945
that I last saw h alive on Mch 21, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia — Duration 6 wks
Due to Chronic Myocarditis
Due to General Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? (e) Means of injury
23. Signature L. J. Graham (M.D. or other) DC
Address 811 Chambers Bldg. Date signed 3-24-45

(Licensed Embalmer's Statement on Reverse Side)

NOV 16 1949

Chambers Bldg

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. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview 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.