

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

**FILED** APR 10 1946  
Registration District No. **149**

Primary Registration District No. **10.02**

Registrar's No. **1542**

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

8282

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: 4008 Paseo /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Davis

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fe / 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louis 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years 68 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Russia  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Meyer P. Gottlieb

13. Birthplace Russia  
(City, town, or county) (State or foreign country)

14. Maiden name Daisy Baum

15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard Gottlieb

(b) Address 5019 Virginia, K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem

18. (a) Signature of funeral director J. P. Louis Funeral Home (Specify type of place) while at work (b) Address 3400 Woodland Ave., K.C. Mo.

19. (a) 4-1-46 (Date received local registrar) (b) Geraldine Holmes (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. 4008 Paseo  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month III / 31 / 46  
year hour minute M.

21. I hereby certify that I attended the deceased from II/10/46 to III/31/46 19\_\_\_\_; that I last saw her alive on II/30/46 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration \_\_\_\_\_

Due to hardening of arteries

Due to \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Bryant Smith (M. D. or other) Date signed 4/1/46  
Address \_\_\_\_\_

---

---

**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 B. A. Legan

Licensed Embalmer No. 3979

P. O. Address H. C. 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.**