

STANDARD CERTIFICATE OF DEATH

State File No. 827

FILED MAR 22 1949

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 827

1. PLACE OF DEATH a. COUNTY Jackson b. CITY OR TOWN Kansas City c. LENGTH OF STAY 35 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION 3031 Holly

2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Kansas City d. STREET ADDRESS 3031 Holly

3. NAME OF DECEASED a. (First) Fannie b. (Middle) Bell c. (Last) Williams 4. DATE OF DEATH Feb. 18 1949

5. SEX female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED 8. DATE OF BIRTH June 30, 1878 9. AGE 70

10a. USUAL OCCUPATION housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Slater, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ezra Davis 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? NO 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mabel Grant, 3031 Holly, K.C., Mo. ADDRESS

18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction (b) Arteriosclerosis (c) Myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-9-48 to 2-18-49 that I last saw the deceased alive on 2-15-49 and that death occurred at m., from the causes and on the date stated above.

23. SIGNATURE C. W. Alexander (Degree or title) 23b. ADDRESS 1512 N. S. 23c. DATE SIGNED 2-21-49

24a. BURIAL CREMATION REMOVAL Burial 24b. DATE 2/22 1949 24c. NAME OF CEMETERY OR CREMATORY westlawn 24d. LOCATION (City, town, or county) (State) Kansas City, Kansas

DATE REC'D BY LOCAL REG 2-22-49 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.M.M. Alice Bailey Funeral Home N.C. Kans.

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

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.

Student
Student Embalmer

Signed W. M. M. Orenton

Licensed Embalmer No. 2007

P. O. Address K. C. Kanea

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.