

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40880**
Registrar's No. **5633**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City,</u>	
c. LENGTH OF STAY (In this place) <u>30 Days</u>		8150g	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grosse Nursing Home K.C.Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1 S. Grandview Blvd.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frances</u>	b. (Middle) <u>Winifred</u>	c. (Last) <u>Davis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 6, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 5, 1870</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Her Self</u>	11. BIRTHPLACE (State or foreign country) <u>Mountain View, California</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Joseph Kennedy</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>David L. Davis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fred B. Whittlesey</u>	ADDRESS <u>Kansas City, Kansas</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>6 mos.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>		<u>15 yrs.</u>
	DUE TO (c) <u>Semibility</u>		<u>10 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>33 1/2</u>	<u>X</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City</u> <u>Wyandotte</u> <u>Kansas</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Oct 1953 to Dec 6, 1954, that I last saw the deceased alive on Oct 29, 1954, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. F. Nothnagle</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>731 ANN K.C. Kas.</u>	23c. DATE SIGNED <u>12/7/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-8-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chapel of the Chimes</u>	24d. LOCATION (City, town, or county) (State) <u>Vallejo, California</u>
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DATE REC'D BY LOCAL REG. <u>12-8-54</u>	REGISTRAR'S SIGNATURE <u>neva minshall</u>	25. FUNERAL DIRECTOR'S FURNERAL HOME ADDRESS <u>Echternacht</u> <u>1318 O'INDARO BLVD.</u> <u>KANSAS CITY 2, KANSAS</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Rothmeyer
731 Galt Ave.

0061208

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. C. Catterna

Licensed Embalmer No. 3035

P. O. Address

W. C. Catterna

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.