

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11863**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 100E Registrar's No. 1598

1. PLACE OF DEATH a. COUNTY <b>Jackson,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>10 yrs</u>		e. STREET ADDRESS (If rural, give location) <b>1606 Lydia Avenue 3268</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>General Hospital #2</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Fannie</b>	b. (Middle)	c. (Last) <b>Davis</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4 8 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Cal</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Jan-18-1892</b>	9. AGE (In years last birthday) <b>63</b>	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Leavenworth, Kans</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Davis</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Claude Whibby</b>	ADDRESS <b>1618 Agnes</b>
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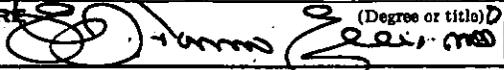
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension with encephalopathy.</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>332+</b>	

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 3-7-55, 19  , to 4-8-55, 19  , that I last saw the deceased alive on 4-8-55, 19  , and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE  (Degree or title) <b>Registrar</b>	23b. ADDRESS <b>600 East 22nd Street</b>	23c. DATE SIGNED <b>4-8-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 11, 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge</b>	24d. LOCATION (City, town, or county) (State) <b>K.C. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-11-55</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Marlene Williams</b>	ADDRESS <b>K.C. Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
E. Frank Ellis MD

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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.....  
Signature of Student Embalmer

Signed *C. H. West*.....

Licensed Embalmer No. *27*.....

P. O. Address *K. C. D.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.