

FILED FEB 12 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1703

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan 2 Registration District No. 85  
 (b) Township 0 Primary Registration District No. 1001  
 (c) City St. Joseph (d) Street No. Milner Hotel St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 57 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 362. PRINT FULL NAME Charles M. Davis

(a) Residence, No. Milner Hotel St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 7 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Theatrical  
 9. Industry or business in which work was done, as saw mill, bank, etc. Mechanic St. Joseph Theatres  
 10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) Cincinnati  
 (STATE OR COUNTRY) Ohio

FATHER 13. NAME Chas. B. Davis

14. BIRTHPLACE (CITY OR TOWN) Rochester  
 (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Margaret Ryan

16. BIRTHPLACE (CITY OR TOWN) Kilkenny  
 (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. J. S. Lowry  
 (ADDRESS) Box 25, Edgerton, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cemt.  
 PLACE St. Joseph, Mo. DATE Jan. 12 1940

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son  
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Jan 11 1940 H. J. Neel  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 11, 1940

22. I HEREBY CERTIFY, That I viewed deceased from 1-11 1940.

I last saw h alive on 1-11 1940. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset

Other contributory causes of importance:

ArteriosclerosisName of operation none Date of noneWhat test confirmed diagnosis Winkler Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 1940Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) B. W. Tadlock - Coroner, M. D.(Address) St. Joseph, Mo.

**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 Robert P. Carlson

Licensed Embalmer No. 4028

P. O. Address St. Joseph, 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, above space should be left blank.**