

No. 2  
-1-4-41  
5-17-3  
PI x233

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27821**  
Registrar's No. **809**

**SEP 10 1941** 35

Registration District No.

Primary Registration District No. **1001**

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

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
420 North 5th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 65 years (Specify whether  
In this community 65 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 420 North 5th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Pinkney Davis

3. (b) If veteran, name war none 3. (c) Social Security No. ✓

4. Sex 0 male 5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Mary Francis 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased January 8 1857  
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Catawba County North Carolina  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Dry Cleaner

MOTHER FATHER { 12. Name James Davis  
13. Birthplace Unknown North Carolina  
(City, town, or county) (State or foreign country)  
14. Maiden name Rebecca Killian  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant William P. Davis

(b) Address Kansas City, Missouri

17. (a) burial (b) Date thereof Aug. 12, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Agency, Missouri

18.: (a) Signature of funeral director Halter Meierhoffer  
(b) Address 1302 Parson St., St. Joseph, Mo.

19. (a) 8/10/1941 (b) H. H. H. H. H.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10  
year 1941 hour 8 minute 52 P.M.

21. I hereby certify that I attended the deceased from Aug 4-1941  
to Aug 8 1941  
that I last saw him alive on Aug 8 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis?  
Duration \_\_\_\_\_

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

Other conditions Arthritis  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations 93  
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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Manner of injury \_\_\_\_\_

23. Signature Herold Beck (M. D. or other) MD  
Address King Hill Bldg., St. Joseph Date signed 8/12-41

---

---

**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.....

*Oby J ester*

Licensed Embalmer No..... No. 4154

P. O. Address..... St. Joseph, Missouri

**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.**