

FILLED NOV 29 1941

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1109

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:
2103 Lafayette Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 2103 Lafayette Street
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
 year 1941 hour 4 minute 40 P.M.
 21. I hereby certify that I attended the deceased from Oct 1
1941 to Nov 17 1941
 that I last saw him alive on Nov 17 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Ear (right) about 5 yrs
 Duration _____

Due to _____
 Due to _____
 Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations
 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?
(Specify type of place)

While at work? _____ (e) Means of injury 0
 23. Signature L. O. Bauman (M. D. or other) M. D.
 Address 1802 Union Str. St. Joseph, Mo Date signed 11-18-41

3. (a) PRINT FULL NAME Frank Leroy Davison

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 5 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 12
 If less than one day _____ hr. _____ min.

9. Birthplace Shanandoah Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation None (Invalid)

11. Industry or business _____

12. Name Frank Davison

13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Rosetta Gallup

15. Birthplace Bloomington Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Myers Mo
 (b) Address 2103 Lafayette St. St. Joseph

17. (a) Burial (b) Date thereof Nov. 21, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Herbert D. Dufford
 (b) Address 1802 Union Str. St. Joseph, Mo

19. (a) Nov. 19, 1941 (b) AJ Nestlebrook
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

NOV 29 1941

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.....

Albert B. Harrington

Licensed Embalmer No.....

3258

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, fact should be so stated above.