

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 11 1944

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14145

Registrar's No. 35-6

Registration District No. 42

Primary Registration District No. 1000

## 1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City St. Joseph  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hospital No. 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 weeks 27 days  
 (Specify whether  
 In this community 4 months 27 days  
 years, months or days)

## 3. (a) PRINT FULL NAME

WILLIAM DAVIS3. (b) If veteran,  
name war none3. (c) Social Security  
No. none4. Sex Male 5. Color or  
race negro 6. (a) Single, widowed, married,  
divorced single6. (b) Name of husband or wife  
6. (c) Age of husband or wife if  
alive 2 - 2 - 1871?  
(Month) (Day) (Year)

7. Birth date of deceased.

8. AGE: Years Months Days If less than one day  
72 0 24 hr. min.9. Birthplace Hermannville Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Laborer11. Industry or business Common Labor12. Name unknown13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)16. (a) Informant St. Clair County Court(b) Address Osceola Missouri17. (a) B (b) Date thereof 2-28-44  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Catholic Cemetery18. (a) Signature of funeral director Paul J. Don Mort(b) 602 Michigan St.19. (a) 2-28-44 (b) R. H. Herzog  
(Received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair  
 (c) City or town Osceola 11  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 26  
year 1944 hour 11 minute 15 A.M.21. I hereby certify that I attended the deceased from  
9-29-1944 to 2-25-1944  
that I last saw him alive on 2-25-1944  
and that death occurred on the date and hour stated above.Immediate cause of death Strangulation  
on a piece of meat at dinner

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations

Of autopsy

## 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) Means of injury23. Signature J. H. Morrow (M. D. certifier)Address State Hospital No. 2 Date signed 2-26-44  
St Joseph mo

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically.

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

MOTHER FATHER

**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 me

J. F. Ramsey  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed J. F. Ramsey

Licensed Embalmer No. 4581

P. O. Address 1602 Mesquite

**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.**