

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1945
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26842**
Registrar's No. **834**

Registration District No. **43**
Primary Registration District No. **100**

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St Joseph Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None - 7/14/45
(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 **Six months**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Buchanan**
(c) City or town **St Joseph Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **714 So. 1st St**
(If rural, give location)
(e) Citizen of foreign country? **No.** (X or No)
If yes, name country

3. (a) PRINT FULL NAME **Bert Davis, Sr**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **8th**
year **1945** hour **10** minute **30 P.M.**

4. Sex **Male** 2 5. Color or race **negro**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **none**
6. (c) Age of husband or wife if alive **—** years
7. Birth date of deceased **Oct 13 - 1873** **Edward** **Kansas**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **2/7 - 19** to **3/8 - 19**
that I last saw him alive on **3/8 - 19**
and that death occurred on the date and hour stated above.
Immediate cause of death **Apoplexy 26 hrs.**

8. AGE: Years **72** Months **4** Days **26**
If less than one day hr. min.

Due to
Due to

9. Birthplace **Edward Kansas**
(City, town, or county) (State or foreign country)

Other conditions **none**
(Includes pregnancy within 3 months of death)

10. Usual occupation **none**

Major findings:
Of operations **g 2/1**

11. Industry or business **none**
12. Name **George Davis Sr's**
13. Birthplace **Maryland Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

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?
(Specify type of place)
While at work? (e) Means of injury

16. (a) Informant **Lula Brown**
(b) Address **Elwood Kansas**

23. Signature **Fenton W. Hudson** (M. D. or other) **MD**
Address **169 W W Mo.** Date signed **3/10/45**

17. (a) **Removal** (b) Date thereof **3-12-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Burial - St Joseph Mo**

18. (a) Signature of funeral director **Burial - St Joseph Mo**
(b) Address **1602 Mesquite St St Joseph Mo**
19. (a) **8-17-45** (b) **Edward Davis**
(Date received local registrar) (Registrar's signature)

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. F. Ramsey

Licensed Embalmer No. 4081

P. O. Address St Joseph 36 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.