S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30125

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1016

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: Mercy Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 17 days (Specify whether years, months or days)
In this community 1 mo. 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gentry 38
(c) City or town Albany 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wesley Beverly Davis
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 Divorced
6. (b) Name of husband or wife Mabel Howard
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased August 8, 1886 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	1	12	hr. min.

9. Birthplace Waverly, Illinois, 1 (City, town, or county) (State or foreign country)
10. Usual occupation shoe maker
11. Industry or business shoes,
FATHER
12. Name James Davis,
13. Birthplace Waverly, Illinois, 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Brown,
15. Birthplace Montgomery, Co., Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Clifford E. Brooks
(b) Address Albany, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9/20/45 (Month) (Day) (Year)
(c) Place: burial or cremation Albany, Mo.
18. (a) Signature of funeral director Heaton B. Hole & Bauman
(b) Address 319 South 10th Street,
19. (a) 9-22-1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th year 1945 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from Aug 3, 1945 to Sept 20, 1945 that I last saw him alive on Sept. 20, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Endocarditis	3 mo.
Due to Diabetes Mellitus	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — 0	
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
23. Signature [signature] (M. D. or other) D.O.
Address 823 Frank Date signed 9-21-45

1428 (Licensed Embalmer's Statement on Reverse Side)

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 Gerald T. Wade

Licensed Embalmer No. 4172

P. O. Address St. Joseph

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.