V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33153

FILED NOV 10 1945

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1178

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:
St. Josephs' Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 34 years.
years, months or days)

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. 1826 Highly
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Isora Rogers Davis

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alexander L. Davis

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August (Month) 28 (Day) 1887 (Year)

8. AGE: Years 58 | Months 2 | Days 3 | If less than one day ___ hr. ___ min.

9. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation retired shhool teacher

11. Industry or business

FATHER
12. Name George Garrett
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Lizzie White
15. Birthplace unknown (City, town, or county) N. Carolina (State or foreign country)

16. (a) Informant Alexander L. Davis
(b) Address 1826 Highly

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/5/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Heston BeGole & Bowman
(b) Address 319 South 10th

19. (a) Nov. 5, 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1st year 1945 hour 11 minute 15 P M.

21. I hereby certify that I attended the deceased from Oct 28, 1945, to Oct 31, 1945, that I last saw her alive on Oct 31, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cecum (Primary).

Due to

Due to

Other conditions Obs. of bowels. (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

Duration ?

46

10/26/45

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 Frank Hardigan (M. D. or other)

Address 620 Francis Date signed 11/2/45

1428 (Licensed Embalmer's Statement on Reverse Side)

Dr. F. Y. Hardigan
Kirk, Bldg.

AUG 6 1947

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 Harold Bowman

Licensed Embalmer No. 3619

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.