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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1946

State File No. 40541

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1328

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: 2018 Francis Nurseing Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town Easton 0 (If outside city or town limits, write "RURAL")
(d) Street No. None 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME W. T. Davis

3. (b) If veteran, name war —
3. (c) Social Security No. —

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 Nov (Month) 20 (Day) 1859 (Year)

8. AGE: Years 86 Months 0 Days 19 If less than one day hr. min.

9. Birthplace Easton (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Retired Farmer (15 yrs)

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Nursing Home Records
(b) Address 2018 Francis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation Moxley Cem.

18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address St Joseph, Mo.

19. (a) Dec 17-1945 (Date received local registrar) (b) A J Wesselbusch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1945 hour 3 minute P M.

21. I hereby certify that I attended the deceased from May 13, 1944 to Dec 6, 1945 that I last saw him alive on Dec 6, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	5 days
Arteriosclerosis	10 yrs
Due to: Aortic Regurgitation	2 yrs
Due to: Diabetis Mellitis	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy ✓

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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 Charles Ob Werner (M. D. or other)
Address 221 Kirkpatrick Bldg Date signed 12-10-1945

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(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 Robert K Yapli

Licensed Embalmer No. 3308

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.