

REGISTERED MAR 2 8 1946

Primary Registration District No. 1000

Registrar's No. 254

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:  
Enroute to Hospital 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 33 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. 3904 Seneca St. //  
(If rural, give location) //  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country It

3. (a) PRINT FULL NAME Frances B. Davis

3. (b) If veteran, name war None 3. (c) Social Security No. 493-14-7799

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife R. T. Davis 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased April 6 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	10	13	hr. _____ min.

9. Birthplace Agency Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Freight elevator Operator

11. Industry or business Robidoux Hotel

12. Name James Deets

13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Dawson

15. Birthplace Agency Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Elza Edward Davis

(b) Address 41st. & Mitchell

17. (a) Burial (b) Date thereof Feb. 22, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frazier Cemetery

18. (a) Signature of funeral director Norman W. Sinden

(b) Address 1802 Union St., St. Joseph, Mo.

19. (a) Mar. 4 1946 (b) J. West  
(Date received local registrar) (Registrar's signature) By V.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, 19 19  
year 1946 hour 3 minute 00 P.M.

21. I hereby certify that deceased died from injuries received when she  
February 20, 1946, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Injuries received when she  
accidentally fell down an  
elevator shaft

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions:  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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) Accident / 31

(b) Date of occurrence February 19, 1946

(c) Where did injury occur? St. Joseph Buchanan, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

While at work? Yes (Specify type of place) (e) Means of injury Fall 3

23. Signature B. D. Tadlock (M. D. or other) Coroner  
Address King Hill Bldg Date signed 2/26/46

JK

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

3632

MAY 6 1940

**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

*Elmer Thomas*

Licensed Embalmer No. *2640*

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.**