S. No. 2
0M—2-43
v. 5-17-39
I X35097

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22728

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 766

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 2427 Patee St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2427 Patee St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPHINE L. DAVIS
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fem
5. Color or race Wht
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Louis B. Davis
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased July 8 1883 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	11	24	hr. min.

9. Birthplace St Joseph Mo (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business
MOTHER FATHER
12. Name James A. Whaley
13. Birthplace Iowa (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Mayes
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Louis B. Davis Son
(b) Address St Joseph Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 7-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland
18. (a) Signature of funeral director Stamper Funeral Home
(b) Address St Joseph Mo
19. (a) July 2, 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1946 hour 2:25 minute a. M.
21. I hereby certify that I attended the deceased from 6-22, 1946, to 7/2, 1946, that I last saw her alive on 7/1/46, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic bronchopneumonia	36 hrs
secondary to Ca of Gallbladder	9 mo
Due to Obstructive Jaundice secondary to above	
ascites secondary to above	
Due to	
Other conditions Generalized arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations none to
Of autopsy none

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: David I Rosenstein (M. D. or other) MD
Address 1 Pay & Sey Bldg St Joseph Mo Date signed 7/2/46

34 (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 John Roy Stanley

Licensed Embalmer No. 2435

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.