

S. No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 15 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39650**  
Registrar's No. **1452**

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:  
(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(c) Name of hospital or institution: **Mo. Methodist Hospital**  
(d) Length of stay: In hospital or institution **2 1/2 Days**  
In this community **Life**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Buchanan**  
(c) City or town **St. Joseph**  
(d) Street No. **808 So. 20th**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Sandra Sue Davison**  
(b) If veteran, name war **No**  
(c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **30**  
year **1946** hour **7** minute **50** A.M.

4. Sex **Female** 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

21. I hereby certify that I attended the deceased from **Dec 28** 19**46** to **Dec 30** 19**46**  
that I last saw h. **et.** alive on **Dec 30** 19**46**  
and that death occurred on the date and hour stated above.

7. Birth date of deceased: **September 22, 1946**  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
**0 3 3** hr. min.

Immediate cause of death **Bronchio pneumonia** Duration **3 days**  
Due to  
Due to

9. Birthplace **St. Joseph - Missouri**  
10. Usual occupation **None**  
11. Industry or business **None**

Other conditions **Tetany** Duration **1 day**  
Major findings:  
Of operations  
Of autopsy

MOTHER FATHER  
12. Name **Donald R. Davison**  
13. Birthplace **Rolla, Kansas**  
14. Maiden name **Betty Jean Culp**  
15. Birthplace **St. Joseph Missouri**  
16. (a) Informant **Donald R. Davison**  
(b) Address **St. Joseph, Mo.**  
17. (a) **Burial** (b) Date thereof **1/2/47**  
(c) Place: burial or cremation **Mt. Auburn Cemetery**  
18. (a) Signature of funeral director **Heaton Be Gale & Boulinman**  
(b) Address **St. Joseph, Mo.**  
19. (a) **1-4-47** (b) **L. C. Jenkins**

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) Means of injury  
23. Signature **Wm Redmond** (M. D. or other) **M.D.**  
Address **503 Corby Bldg, St Joseph, Mo.** Date signed **12/30/46**

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

38401

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**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..... *Ernie Wood* .....

Licensed Embalmer No. *3804*

P. O. Address..... *3195010th 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.**