S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12499

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 610

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: 1826 Highly St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 28 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 Alexander L. Davis
3. (b) If veteran, name war Spanish American
3. (c) Social Security No. None
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Izora Davis
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 15, 1872 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
✓ 74	8	13	hr. min.

9. Birthplace Huntsville (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Beverly Davis
13. Birthplace (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Emma Garth
(b) Address Box 382 Huntsville Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville Mo
18. (a) Signature of funeral director Beatrice Gray
(b) Address 812 Pacific St N Joseph Mo
19. (a) 5-6-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1947 hour 2 Pm. minute M.
21. I hereby certify that I attended the deceased from Feb. 1, 1947, to Apr. 28, 1947; that I last saw him alive on April 28, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	7 days
Due to Chronic Interstitial About	2 Yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 J. D. Seyton (M. D. or other)
Address 1923 Messanie St. St. Joseph, Mo. Date signed 4-30 47

(Licensed Embalmer's Statement on Reverse Side)

JUL 15 1947
JUN 5 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 Earl A. Clark

Licensed Embalmer No. 4238

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.