. No. 2
—1/47
5-17-39

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23406

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 875

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: 1010 Powell St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 19 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.: 1010 Powell St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: *

3. (a) PRINT FULL NAME: Mary Rose Davis
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: * years
7. Birth date of deceased: July (Month) 4 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	0	15	hr. min.

9. Birthplace: Unknown (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business: None
FATHER
12. Name: James Davis
13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name: Jane —
15. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)
16. (a) Informant: Msgr. Henry F. Niemann
(b) Address: 1010 Powell St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Herman W. Siderfadin
(b) Address: 1802 Union St. St. Joseph, Mo.
19. (a) 7-23-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 387

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 19 year: 1947 hour: 4 minute: 30 P.M.

21. I hereby certify that I attended the deceased from June 2, 1947, to July 19, 1947, that I last saw her alive on July 19, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	8 hr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Cholecystectomy	6/13/47

Major findings: Of operation: Stone Common Bile Duct
Of autopsy: No

PHYSICIAN: Underline the cause of 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: Frank H. Vandegan (M. D. or other)
Address: 670 Francis Date signed: 7/21/47
St. Joseph, Mo.

Jefferson City Printing Co. (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 James W. Callahan Registered Apprentice No. 486 working under my personal supervision.

Signed Robert L Yeple

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.