. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33708

FILED NOV 3 1947 42
Registration District No.

Primary Registration District No. 1000

Registrar's No. 1281

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: 30th & Francis Streets /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: not (Specify whether
In this community: 77 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 30th & Francis Streets 2
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Frank Claude Davis
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Fannie Dean Popple Davis
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: February (Month) 22 (Day) 1858 (Year)

8. AGE: Years 89 Months 8 Days 1 If less than one day hr. min.

9. Birthplace: Platte County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Real Estate Dealer
11. Industry or business: Davis Bros. Real Estate Co.

FATHER
12. Name: John C.C. Davis
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country) /

MOTHER
14. Maiden name: Mary Clay
15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country) /

16. (a) Informant: F.Claude Davis Jr.(Family Records)
(b) Address: 30th & Francis Sts.,St.Joseph,Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct.25,1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Mora Cemetery
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.
19. (a) 10-30-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 502

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd year 1947 hour 12:00 Noon minute xx M.

21. I hereby certify that I attended the deceased from June 5, 1947 to Oct 23, 1947 that I last saw him alive on Oct 23, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	4 days
Due to: Arterio Sclerotic heart disease	10 yrs.
Due to: Senility	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: No operation	
Of autopsy: None	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
Accident, suicide, or homicide (specify): No
(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: J. G. Thompson (M. D. or other)
Address: 525 Charles St. Joseph Mo. Date signed: 10/24/47

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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Albert R. Harrington

Licensed Embalmer No. 3258 Missouri

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.