No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 5 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 40915

Registrar's No. 1539

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: At her home- 2830 South 19th.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: ----------
In this community: Entire lifetime. (Specify whether 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. 2830 South 19th. Street.
(If rural, give location)
NO.

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mary Gladiola Davis.

3. (b) If veteran, name war: NO.

3. (c) Social Security No.: NO.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married.

6. (b) Name of husband or wife: William Edward Davis.

6. (c) Age of husband: ##### alive: 43 years

7. Birth date of deceased: February (Month) 23rd. (Day) 1903. (Year)

8. AGE:

Years	Months	Days	If less than one day
44	9	20	-- hr. ----- min.

9. Birthplace: Easton, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife.

11. Industry or business: Home.

MOTHER FATHER

12. Name: James Edward Quigley

13. Birthplace: Easton, Missouri. (City, town, or county) (State or foreign country)

14. Maiden name: Nancy Wilson.

15. Birthplace: Easton, Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant: William Edward Davis.

(b) Address: 2830 South 19th. Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-22-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Blakely Cemetery.

18. (a) Signature of funeral director: Mo. E. R. Sidenfader

(b) Address: 602 South 10th. Street, St. Joseph, Mo.

19. (a) 1-2-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 392

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 13th. year: 1947 hour: 5 minute: 10 P.M.

21. I hereby certify that I attended the deceased from Dec-5, 1947, to Dec-13-, 1947 that I last saw her alive on Dec-12-, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	Instant
Due to: Coronary Sclerosis	?
Due to: Arteriosclerosis	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

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) 0

While at work? (e) Means of injury

23. Signature: T. R. Gourley (M. D. or other) M.D.

Address: 620 Francis St. Date signed: 12-15-47
St. Joseph, Mo.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Howden- Kirkpatrick Bldg.

JAN 7 1948

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 Mollie E. Sidenfaden Fox

Licensed Embalmer No. 4235

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.