

No. 2
4-12-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6343**
Registrar's No. **221**

Registration District No. **85**

Primary Registration District No. **1001**

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

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 **STATE HOSPITAL No. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
(Specify whether years, months or days)
In this community **64 years.**

3. (a) PRINT FULL NAME **Edward James Davis**
X (b) If veteran, name war **None**
3. (c) Social Security No. **495-01-6758**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, divorced, **married**
6. (b) Name of husband or wife **Mrs Venus Davis**
6. (c) Age of husband or wife if alive **45 years**
7. Birth date of deceased **January 7 1878**
(Month) (Day) (Year)

8. AGE: Years **64** Months **1** Days **13**
If less than one day hr. min.

9. Birthplace **Unionville, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Truck Driver**
11. Industry or business **Swift & Co.**

MOTHER FATHER
12. Name **George Davis**
13. Birthplace **Unknown England**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Chadwick**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records State Hosp # 2**
(b) Address **St. Joseph, Mo.**
17. (a) **Burial** (b) Date thereof **Feb. 22, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Olivet Cemetery**
18. (a) Signature of funeral director **H.O. Sidenfaden & Son**
(b) Address **1802 Union Str St. Joseph, Mo.**

19. (a) **2/22/41** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

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. **1907 Spratt St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **20**
year **1941** hour **3** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **February 17**, 1941, to **February 20**, 1941;
that I last saw him alive on **February 20**, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis**
Toxic Hepatitis
Due to **Cause undetermined**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Other conditions
(Includes pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy **Toxic hepatitis**

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) (e) Means of injury _____

23. Signature **D. P. Johnson** (M. D. or other) **Quid.**
Address **State Hosp # 2** Date signed **2-20-41**

St. Joseph, Mo

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 C. Harrington

Licensed Embalmer No.

3258

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.