FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 5 1948

Registration District No. 22

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7875

Primary Registration District No. 1000

Registrar's No. 389

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: 1107 Douglas 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: About 50 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.: 1107 Douglas St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: William E. Davis
3. (b) If veteran, name war: No
3. (c) Social Security No.: ?
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Dora
6. (c) Age of husband or wife if alive: 79 years
7. Birth date of deceased: December (Month) 7 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	3	14	..... hr. ..... min.

9. Birthplace: Holt County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Plumber
11. Industry or business: .....

MOTHER FATHER
12. Name: UNKNOWN
13. Birthplace: UNKNOWN (City, town, or county) unknown (State or foreign country)
14. Maiden name: Hanna Carter
15. Birthplace: Holt County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Olive Hemenover
(b) Address: 6654 Carnegie, St. Joseph, Mo
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 323-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Forbes Missouri
18. (a) Signature of funeral director: Haney Funeral Home
(b) Address: St. Joseph, Missouri
19. (a) 3-29-48 (Date received local registrar) (b) G. E. Johns (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st. year 1948 hour Eight minute 30 P.M.
21. I hereby certify that I attended the deceased from Mar. 21, 48 Mar. 17, 48, 19..., to Mar. 21, 1948, that I last saw him alive on Mar. 17, 1948, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Insufficiency	3yrs.
Due to:	
Due to:	
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)
While at work? ..... (e) Means of injury: .....
23. Signature: J. R. Elliott (M. D. or other) M. D.
Address: 801 Francis, St. Joseph, Mo. Date signed: Mar. 23, 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

Dr Elliott

APR 5 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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St Joseph

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.