S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15438

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 618

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: 634 Bon Ton Street
(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 Lifetime
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. 634 Bon Ton Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Herbert Lee Davis

3. (b) If veteran, name war None

3. (c) Social Security No. 491-09-8875

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Doris Ilene Davis

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased September (Month) 20 (Day) 1901 (Year)

8. AGE: Years 46 Months 8 Days 6 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business Standard Oil Co.

FATHER
12. Name John Dallas Davis
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Mary Jane Stewart
15. Birthplace Unknown (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mrs. Doris I. Davis

(b) Address 634 Bon Ton St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 6-4-48 (Date received local registrar) (b) C. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 th year 1948 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 19 48 to May 26 1948 that I last saw him alive on May 24 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerosis

Due to Myocardial Infarction oed.

Due to Cardiac Decomposition

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to 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 Louis G. Neudorff (M. D. or other) M.D.

Address 825 Charles St. Date signed 5/27/48

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

JAN 27 1949

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 Elbert C. 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.