

REC'D OCT 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31219
Do not use this space.

1. PLACE OF DEATH

(a) County... Jackson
(b) Township... Kaw
(c) City... Kansas City, Mo.
(e) Length of residence in city or town where death occurred

Registration District No. 395
Primary Registration District No. 100
(d) Street No. 719 Fremont Ave.

Registered No. 3516

(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eldon Lee Davidson

(a) Residence, No. 719 Fremont, Kansas City, Mo. St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Corda McMullin Davidson

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 to Sept 6, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/30/1901

I last saw him alive on Sept 6, 1938. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
36 11 7

The principal cause of death and related causes of importance were as follows:

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mill worker
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Acute Endocarditis - Date of onset 9-5-38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

Other contributory causes of importance:

FATHER
13. NAME No record

Bronchitis - Cough. Flu Cold -

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

Name of operation clinical Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? _____

MOTHER
15. MAIDEN NAME No record

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. Corda Davidson
(ADDRESS) 713 Fremont St.

Manner of injury clinical
Nature of injury clinical

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill Cem. DATE 9/9/38, 1938
Sedalia, Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sheil Funeral Home
6606 Indian Ave. K

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) R. W. Martin, M. D.
(Address) 6500 Turner Rd.

20. FILED Sept 7, 1938 M. M. Conroy
Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

John P. Sheil, or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No. 3625

P. O. Address.....

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, above space should be left blank.