

JUL 17 1939

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

22347  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408

(b) Township 1 Primary Registration District No. 3020 Registered No. 118

(c) City Carthage (d) Street No. \_\_\_\_\_ St.

(e) Length of residence in city or town where death occurred 6 Yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Henry Davison

(a) Residence, No. 410 Cedar St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Davison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 23, 1864

7. AGE YEARS 75 MONTHS 1 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. grocer

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo Missouri

MOTHER

13. NAME J. A. Davison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Marie E. Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Millie Allridge Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage DATE June 31, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Masterson Carthage, Mo.

20. FILED June 21, 1939 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1938, to June 19, 1939

I last saw him alive on June 18, 1939. Death is said to have occurred on the date stated above, at 4:20 P.M.

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

chronic myocardial insufficiency

Date of onset \_\_\_\_\_

Other contributory causes of importance: arterio-sclerosis, senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Cal Was there an autopsy? no

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)

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

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Royal B. Clinton, M. D.

(Address) Carthage, Mo.

N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X16803

RECEIVED

District Health Officer No. 6,

District File Number 739-1474

Date Filed JUL 13 1939

**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 P. W. K. [Signature]

Licensed Embalmer No. 814

P. O. Address Carthage, 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, above space should be left blank.**