

REC'D JUL 6 1939

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

23003
Do not use this space.

1. PLACE OF DEATH
 (a) County Polk Registration District No. 705
 (b) Township Benton Primary Registration District No. 5934
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 2. PRINT FULL NAME James Allen Davison
 (a) Residence, No. Polk County St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Davison
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1890
 7. AGE YEARS 48 MONTHS 10 DAYS 28 IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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 _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co Mo
 FATHER 13. NAME Dan Davison
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co Mo
 MOTHER 15. MAIDEN NAME Hannah Clark
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co Mo
 17. INFORMANT (ADDRESS) Hannah Davison
Rayway Mo
 18. BURIAL, CREMATION OR REMOVAL PLACE Griff DATE June 27 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hutchison-Blue
Bolivar Mo
 20. FILED 6-27 1939 Mary Gamel
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1939
 22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:
He was driving a binder, had made two rounds and suddenly collapsed and only lived about 15 minutes.
 Other contributory causes of importance:
My opinion was that he died from "Coronary Occlusion"
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? _____
 If so, specify _____
 (Signed) S. B. Hutchison Coroner
 (Address) Bolivar, Mo.

Date of onset

94

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 10 1945

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.....

Licensed Embalmer No.....

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.