

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

1939 OCT 19 1939

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

32132
Do not use this space.

1. PLACE OF DEATH

(a) County Deade Cedar Registration District No. 144
(b) Township Cedar Benton Primary Registration District No. 5229
(c) City Jerico Springs, Mo. (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Sherman Davidson

(a) Residence, No. Cedar County, Missouri 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 Nancy Elizabeth Davidson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1885
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 1 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farming
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) Stockton, Mo.

FATHER 13. NAME Wm. Davidson

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

MOTHER 15. MAIDEN NAME Lucy Hornbeck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockton, Mo.

17. INFORMANT (ADDRESS) Jessie Kennedy

18. BURIAL, CREMATION, OR REMOVAL PLACE Caplinger Mill, Mo. 8-28-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. DAVIS & CO. STOCKTON, MO.

20. FILED Sept 8 1939 9 May Heifer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27, 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 _____ m.
The principal cause of death and related causes of importance were as follows:

No physician in attendance
Probably Intestinal Neoplasia
Date of onset Yrs.

Other contributory causes of importance:
1931

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) E. Smith, M. D.
(Address) Stockton Mo

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1403

Date Filed 10-9-39

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton W

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.