

JAN 10 1940

Registration District No. 735 Primary Registration District No. 5934 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: 2  
(a) County Polk  
(b) City or town Benton Township, Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days 10.5

3. (a) PRINT FULL NAME HANNA REBECCA DAVISON  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced ✓  
6. (b) Name of husband or wife Danic Davison 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 6 1865  
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name James Clark

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Maria Magdale

15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs A Fulbright

(b) Address Bolivar, Mo

17. (a) Self (b) Date thereof 12-17-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Self

18. (a) Signature of funeral director Fitchner-Blue

(b) Address Bolivar, Mo 6344

19. (a) 12-17-39 (b) Mary Samuel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Missouri (b) County Polk  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1939 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 11, 1939 to Dec 16, 1939  
that I last saw her alive on Dec 16, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
heart failure  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) A3C

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature D. C. ... (M. D. or other) 12/17/39  
Address Bolivar, Mo Date signed \_\_\_\_\_

Duration 5-11  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

N. B.—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 importa

RECEIVED

District Health Officer No. 7,

District File Number 1-40-85-

Date Filed 1-9-40

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**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.**



