

No. 2  
11-10-39  
1-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15549

MAY 13 1940

State File No. \_\_\_\_\_

Registration District No. 594

Primary Registration District No. 4352-5 7861 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Montgomery Co. Linton Mo.  
(b) City or town McKittrick, Mo. RFD 1  
(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 About 73 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Montgomery  
(c) City or town McKittrick, Mo. RFD 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Big Spring, Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Thomas January Davidson <sup>132</sup>

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 20th-1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 I 26 hr. \_\_\_\_\_ min.

9. Birthplace High Hill, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Alexander Davidson  
13. Birthplace St. Louis, Co.  
(City, town, or county) (State or foreign country)

14. Maiden name Fanny M. Randle  
15. Birthplace St. Louis, Co.  
(City, town, or county) (State or foreign country)

16. (a) Informant A. C. Davidson  
(b) Address McKittrick Mo

17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof April 18-1940  
(Month) (Day) (Year)  
(c) Place: burial or cremation Snethen Cemetery

18. (a) Signature of funeral director Paul R. Patton  
(b) Address Americus, Mo.

19. (a) April 17 (b) Clara Lee Thompson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th  
year 1940 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from  
Jan 14 1940 to Apr 16 1940  
that I last saw him alive on Apr 14 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Progressive Bulbar Palsy  
Due to Degenerative affection of medulla oblongata  
Due to \_\_\_\_\_  
Other conditions Senility \$10  
(Include pregnancy within 3 months of death)

Duration 3 mo  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

23. Signature J. R. Rauschelbach (M. D. or other) \_\_\_\_\_  
Address Phinland Mo Date signed 4-17-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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 \_\_\_\_\_

D. B. Baker,

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*D B Baker*

Licensed Embalmer No. 3375

P. O. Address Americus, 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.**