

JUL 12 1940
Registration District No. 221

Primary Registration District No. 6070

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Scott *Rishland*

(b) City or town Sikeston

(c) Name of hospital or institution: Highway 61
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Few hours (Specify whether 0)
In this community 1 3 7 years, months or days

3. (a) PRINT FULL NAME Leonard Davidson

3. (b) If veteran, name war X X X

3. (c) Social Security No. X X X

4. Sex Male

5. Color, or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Florence Davidson

6. (c) Age of husband or wife if alive 30 years 1865 (Year)

7. Birth date of deceased: Jan. (Month) 30 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>4</u>	<u>4</u>	<u>hr.</u> <u>min.</u>

9. Birthplace Callaway Co. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Lumberman

11. Industry or business Lumber

12. Name George Davidson

13. Birthplace Not known Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Davidson

(b) Address Charleston, Missouri

17. (a) Burial (b) Date thereof 6-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus Kentucky

18. (a) Signature of funeral director Lair-Nunnelee Service

(b) Address Charleston, Missouri

19. (a) 7-5-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Hickman

(c) City or town Columbus
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1940 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Collision - Pedestrian and Automobile.

Due to Broken neck, suffered in Unavoidable Accident

Due to Walking on Highway

Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 2 1/2 m
Of operations 2 1/2

Of autopsy none

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence June 4 - 1940

(c) Where did injury occur? Sikeston, Scott, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place - Highway 61
(Specify type of place) (e) Means of injury Auto

While at work? No

23. Signature [Signature] Date signed 6/6/40
Address Charleston, Missouri

RECEIVED

District Health Officer No. 2,

District File Number 740-121

Date Filed 7/8/40

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 me

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed John A. [Signature]
Licensed Embalmer No. 2941

P. O. Address [Signature]

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.