

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

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 important.

Registration District No. 1040

Primary Registration District No. 5736

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Maries

(b) City or town Rural, Miller Twp  
(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)

3. (a) PRINT FULL NAME Marion Jackson Davidson

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

4. Sex Male 5. Color or race White

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 10 1 1863  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>77</u>	<u>2</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Jake Davidson

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

14. Maiden name Unknown  
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Mrs. Boney Williams

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 1 2, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeler Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 1-7-1941 (b) Clara K. Helman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Maries

(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29  
year 1940 hour 3 a.m. minutes \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 20  
1940 to Dec 28 1940  
that I last saw him alive on Dec 28 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency ✓

Due to Cardiac enlargement ✓

Due to \_\_\_\_\_

Other conditions Arteriosclerosis ✓  
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓ g2w

Of autopsy ✓

PHYSICIAN \_\_\_\_\_  
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) L

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? L  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? L

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

23. Signature Donley Gates (M. D. or other) Do  
Address Brinktown, Mo Dec 30

**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.....

*Dec - 29 - 1940*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Fred H. Gilbert*

Licensed Embalmer No.....

*2341*

P. O. Address.....

*Simon 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.**