

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
415 Clevenger St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
11 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Carthage  
(If outside city or town limits, write "RURAL")  
(d) Street No. 415 Clevenger St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th,  
year 1941 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from Apr 3  
1941, to Apr 14 1941;  
that I last saw her alive on Apr 11 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
apoplexy  
Due to.....  
Due to.....

Duration

11 days

Other conditions  
(include pregnancy within 3 months of death)

Major findings:  
Of operations.....

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).....  
(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?  
865 (Specify type of place)  
While at work? (e) Means of injury.....

23. Signature H. B. Byrd M.D. (M. D. or other)  
Address Carthage Mo Date signed 4-15-41

3. (a) PRINT FULL NAME Kate S. Davison

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife A. J. Davison 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Sept. 18, 1853  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 6 3 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Dudley Curran

(b) Address 415 Clevenger St., Carthage, Mo.

17. (a) Burial (b) Date thereof 4-15-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Apr. 15, 1941 (b) E. J. M. Entine, M.D.  
(Day received local registrar) (Registrar's signature)

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

MOTHER FATHER

41-5-485

**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..... *E. C. ...*

Licensed Embalmer No. *2222*

P. O. Address..... *Carthage*

**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, fact should be so stated above.**