

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

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29113

FILLED SEP 10 1941

Registration District No. 95

Primary Registration District No. 5922

Registrar's No.

I. PLACE OF DEATH:

(a) County Platte  
(b) City or town Parkville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah J. Davidson

8. (b) If veteran, name war None 8. (c) Social Security No. None

1 Female 5. Color of 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 May 12 1862 (Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Home Keeper

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

12. Name Silas Smith

13. Birthplace Warrensburg Co Iowa (City, town, or county) (State or foreign country)

14. Maiden name Julia Dodson

15. Birthplace Warrensburg Co. Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. B. Sweetnam  
(b) Address Parkville

17. (a) Removal (burial, cremation, or removal) (b) Date thereat Aug 29-41 (Month) (Day) (Year)

(c) Place: burial or cremation K.C. Kansas

18. (a) Signature of funeral director Leland W. Francis

(b) Address Parkville, Mo

19. (a) Aug 29, 41 (Date received local registrar) (b) S. P. Ford (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Platte  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. 4 miles East (If rural, give location)

(e) If foreign born, how long in U. S. A. Aug 7 6-91 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 year 1941 hour 6 minute 7 P. M.

21. I hereby certify that I attended the deceased from Aug 23 1941, to Aug 27 1941; that I last saw her alive on Aug 26 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Accompaniment  
Chronic Myocarditis

Due to \_\_\_\_\_  
Due to 95C

Other conditions Common duct  
Obstruction  
(Exclude pregnancy within 3 months of death)

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 W. D. Sweetnam  
Address Parkville, Mo Date 8-28-41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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, ~~by~~ Me,

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

working under my personal supervision.

Signed

J. G. Francis

Licensed Embalmer No. 3457

P. O. Address

Parkville 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.