

S. No. 2
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42744

Registration District No. 689

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Jennersana City
(c) Name of hospital or institution: Home
(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) Niggin

3. (a) PRINT FULL NAME Elizabeth Davidson

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

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

6. (b) Name of husband or wife Ed Davidson 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased about 1866
(Month) (Day) (Year)

8. AGE: Years About 75 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Wife

11. Industry or business _____

12. Name (?)

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

14. Maiden name (?) 9

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

16. (a) Informant Ed Davidson

(b) Address Louisiana mo.

17. (a) Rural (b) Date thereof Dec 23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview

18. (a) Signature of funeral director John H. Taylor

(b) Address Louisiana Mo.

19. (a) 12/22/41 (b) J. Taylor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike
(c) City or town Jennersana
(If outside city or town limits, write "RURAL")
(d) Street No. 322 216th
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1941 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 20
1941 to Dec 22 1941
that I last saw her alive on Dec 22 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 5 day

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 106

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? 0

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature John H. Taylor M.D. or other _____

Address Louisiana Mo. Date signed 12/22/41

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

RECEIVED

District Health Officer No. 10

District File Number 1-42-58

Date Filed JAN 9 1942

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.....

working under my personal supervision.

George O. Wagner

Registered Apprentice No.....

Signed *George O. Wagner*

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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, fact should be so stated above.