

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 18 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2512

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

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5  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jasper  
(a) County. Jasper  
(b) City or town. Joplin Mo  
(c) Name of hospital or institution: 435 No Pearl  
(d) Length of stay: In hospital or institution. 41 years.  
In this community. 41 years.

2. USUAL RESIDENCE OF DECEASED:  
(a) State. Missouri (b) County. Jasper  
(c) City or town. Joplin  
(d) Street No. 435 North Pearl.  
(e) If foreign born, how long in U. S. A. \*\*\*\* 0 years.

3. (a) PRINT FULL NAME Mary C 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, Widow.

6. (b) Name of husband or wife M.B. DAVIDSON  
6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAY 20, 1867

8. AGE: Years 74 Months 7 Days 26  
If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business

12. Name JOHN E CORRY

13. Birthplace MINN: ANNA E TERRY  
(City, town, or county) (State or foreign country)

14. Maiden name MINN.  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Bradner Davidson  
(b) Address ADA OKLA.

17. (a) BURIAL (b) Date thereof JAN. 17 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Memorial Cem. Hurlbut Und. Co.

18. (a) Signature of funeral director 212 Joplin St.  
(b) Address

19. (a) 1-16-42 (b) 2 D James  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month I day 15th  
year 1942 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov. 1941 to Jan. 15, 1942  
that I last saw him alive on Jan. 12, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Ventricular fibrillation (death sudden)

Due to congestive heart failure 8 mos.  
Due to

Other conditions (Include pregnancy within 3 months of death) 95a

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

While at work? (Specify type of place)  
(c) Means of injury

23. Signature R. T. Huff (M. D. or other)  
Address Joplin Mo Date signed 1/16/42

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, or by.....

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

Signed Steve D. Parker  
 Licensed Embalmer No. 2548  
 P. O. Address Joplin 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.**