

FILED MAR 24 1942

Registration District No. _____

Primary Registration District No. 4087

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Freeman, Mo.
(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 years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

(c) City or town Freeman
(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? _____ years.

3. (a) PRINT FULL NAME Mary Davidson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1942 hour 12 minute 30 P. M.

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

6. (b) Name of husband or wife Barton Davidson 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 20 - 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19 _____ to March 20 1942
that I last saw her alive on March 19 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 11 Days - If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Thrombosis

Due to Arteriosclerosis
Coronary Heart Disease

Due to _____

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

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

10. Usual occupation House wife

Major findings: Of operations NO

11. Industry or business _____

12. Name William F. Kinnard

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

14. Maiden name Elizabeth M. Westphal

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

Of autopsy NO

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant T. B. Davidson
(b) Address Freeman, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof March 22 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman, Mo.

(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? _____

18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO.

19. (a) March 21/42 (b) Margaret Voller
(Date received local registrar) (Registrar's signature)

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

23. Signature Beckusky M. S. (M. D. or other) _____
Address Harrisonville, Mo. Date signed 3/2/42

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

1908

DEC 10 1945

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 Ernest R. Rannenburg

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.