

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
4495

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Saline.
(b) City or town Gilliam.
(c) Name of hospital or institution: X /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community All her life. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Saline 97
(c) City or town Gilliam, 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Richardson Davidson.

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

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

6. (b) Name of husband Dr J H Davidson 6. (c) Age of husband 67 years

7. Birth date of deceased August-14-1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 27 If less than one day
hr. _____ min.

9. Birthplace Saline County, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name James S Richardson
13. Birthplace Saline County, Missouri. 0
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Lewis Swinney
15. Birthplace Lynchburg, Virginia. 1
(City, town, or county) (State or foreign country)

16. (a) Informant J H Davidson
(b) Address Gilliam Mo

17. (a) Burial (b) Date thereof June-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Slater, City, Cemetery.

18. (a) Signature of funeral director [Signature]
(b) Address [Address]

19. (a) 6-12-42 (b) Mrs. John Giger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1942 hour 9 minute AM M.

21. I hereby certify that I attended the deceased from May 21
1942 to June 11 19 42
that I last saw her alive on June 10 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 17 da

Due to Hypertension Unkn-own.

Due to _____

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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address Marshall Mo Date signed 6-15-42

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

JUL 15 1942

1211

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-6-42

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.

Registered Apprentice No. ✓

Signed.....

Licensed Embalmer No. 3140

P. O. Address..... State, 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.