

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 21 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 73

Primary Registration District No. 2006-5112

Registrar's No. 156

1. PLACE OF DEATH:  
 (a) County: Boone  
 (b) City or town: Columbia Rural  
 (c) Name of hospital or institution: Rural Route 6  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 20 Years  
 In this community: 20 Years  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Missouri (b) County: Boone  
 (c) City or town: Columbia Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: Rural Route 6  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country: 0

3. (a) PRINT FULL NAME: THERESA MARIE DAVIDSON  
 (b) If veteran, name war: None  
 (c) Social Security No.: None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 30  
 year 1942 hour minute M.

4. Sex: Female  
 5. Color or race: White  
 6. (a) Single, widowed, married, divorced: Married  
 6. (b) Name of husband or wife: W.J.  
 6. (c) Age of husband or wife if alive: 66 years  
 7. Birth date of deceased: 12 24 1886  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 7 Days 6 If less than one day hr. min.

Immediate cause of death: Drowning

9. Birthplace: St. Louis Missouri  
 (City, town, or county) (State or foreign country)

Due to: 1648  
 Other conditions: (Include pregnancy within 3 months of death)

10. Usual occupation: At Home  
 11. Industry or business:  
 12. Name: Lanwert  
 13. Birthplace: Not Known  
 14. Maiden name: Not Known  
 15. Birthplace: Not Known

PHYSICIAN  
 Major findings: Of operations  
 Of autopsy  
 Underline the cause to which death should be charged statistically.

16. (a) Informant: W.J. Davidson  
 (b) Address: Route 6, Columbia, Mo.  
 17. (a) Burial (b) Date thereof: 8-1-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: Columbia Cemetery  
 18. (a) Signature of funeral director: [Signature]  
 (b) Address: Columbia, Mo.  
 19. (a) 7-31-42 (b) Edna H. Barber  
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify): Suicide  
 (b) Date of occurrence: 7-30-42  
 (c) Where did injury occur?: at home  
 (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: Car  
 23. Signature: Myra McLeod (M.D. or other)  
 Address: Columbia Mo. Date signed: 7-30-42

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

1800

1850

Pho 8688

**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.....

.....  
Licensed Embalmer No..... 25138

.....  
P. O. Address..... Columbia, N.C.

**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.