

FILED JAN 11 1943 128

Registration District No. .... Primary Registration District No. 2000

Registrar's No. 903

1. PLACE OF DEATH: GREENE

(a) County: GREENE

(b) City or town: SPRINGFIELD

(c) Name of hospital or institution: 1324 E. M. DANIEL

(d) Length of stay: In hospital or institution: 25 YR.

In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO.

(b) County: GREENE

(c) City or town: SPRINGFIELD

(d) Street No.: 1324 E. M. DANIEL

(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME: ROSA E. DAVIDSON.

3. (b) If veteran, name: NONE

3. (c) Social Security No.: NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 16 year 1942 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6/23/42 to 12/16/42

that I last saw her alive on 12/14/42 and that death occurred on the date and hour stated above.

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: HARRY J. DAVIDSON

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: MAY 28 1884

Immediate cause of death: Carcinoma of the lung

Duration: 8 mo.

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

8. AGE: Years 58 Months 6 Days 18

9. Birthplace: (near) OPOLIS MO.

10. Usual occupation: HOUSE WIFE

11. Industry or business: IN HOME

Major findings: Of operations

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

MOTHER FATHER

12. Name: CLEMENT B. PERDUE

13. Birthplace: COATSVILLE PA.

14. Maiden name: Unknown DAVIDSON

15. Birthplace: ECKMANVILLE OHIO.

16. (a) Informant: Mrs. Fannie S. Montgomery

(b) Address: Springfield, Mo.

17. (a) (b) Date thereof: Dec 18 1942

(c) Place: burial or cremation: Opolis Kan.

18. (a) Signature of funeral director: J. W. Kingler & Co.

(b) Address: Springfield, Mo.

19. (a) 12-18-42 (b) J. W. Kingler (c) Registrar's signature

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?

23. Signature: J. D. Jammon (M. D. or other) M.D.

Address: Springfield, Mo. Date signed: 12/16/42

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

39  
2  
6

**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

*J. B. Klugner*

Licensed Embalmer No.

3358

P. O. Address.....

**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.**