

FILED APR 7 1943

Registration District No. 50-

Primary Registration District No. 311

Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County CARROLL

(b) City or town CARROLLTON MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Death Side Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS (Specify whether years, months or days)

3. (a) PRINT FULL NAME ORA IRENE 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 GEO. E. DAVIDSON 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased MAY 19 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72	9	21	
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hr. min.

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

10. Usual occupation RETIRED HOUSEWIFE

11. Industry or business Retired

12. Name JOHN FENNER

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

14. Maiden name UNKNOWN (City, town, or county) (State or foreign country)

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

16. (a) Informant KENNETH DAVIDSON

(b) Address WAYERLY MO

17. (a) BURIAL (b) Date thereof MAR 14 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GRAND PASS CEMETERY

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA MO

19. (a) 3-12-1943 (b) Mrs James Rafferty
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE MO

(c) City or town WAYERLY
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country USA

MEDICAL CERTIFICATION 10th

20. DATE OF DEATH: Month 10 3 day MARCH
year 1943 hour 4 minute 11 A.M.

21. I hereby certify that I attended the deceased from 3 4 1943 to 3 10 1943
that I last saw her alive on 3-9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulated Hernia Duration 6 days

Due to

Due to

Other conditions Myocarditis chronic 2 yrs
(Include pregnancy within 3 months of death)

Major findings: Strangulated Hernia PHYSICIAN

Of operations

Of autopsy 122a

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 Geo A Telley (M. D. or other) 0

Address Wayerly MO Date signed 3-12-43

RECEIVED

Sanitary Health Officer No. 8,

Case File Number _____

Date Filed 4-6-43

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 me

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.