

FILED MAY 11 1943

Registration District No. 47

Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:
10 West Seventh
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two Months
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(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 VIRGINIA ELIZABETH DAVIDSON

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife.....

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

7. Birth date of deceased March 7 1867
(Month) (Day) (Year)

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

76 0 4 ..hr.min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name T. W. Herring

13. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Young

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

16. (a) Informant Luther Herring

(b) Address Fulton, Mo

17. (a) Burial (b) Date thereof 4/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Cemetery

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

(b) Address Fulton, Missouri

19. (a) 4-12-1943 (b) Joan Mosakoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1943 hour 8 minute 15 a.m.

21. I hereby certify that I attended the deceased from Feb 27
1943 to April 11, 1943
that I last saw her alive on April 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerosis
General

Due to arterio Sclerosis

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 Fulton Mo Date signed 4-12-43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Leo H Wallace
Licensed Embalmer No. 3373
P. O. Address Fulton 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.