No. 2
4-13-40
5-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11839

FILED JAN 4 1943

Registration District No. 23 Primary Registration District No. 3010 Registrar's No. 387

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 da. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 103

(a) State Missouri (b) County Stoddard 0

(c) City or town Rural; New Lisbon Twp. 0
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? no. 1 years.

3. (a) PRINT FULL NAME Curtis Frederick Davidson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 6 (Day) 1906 (Year)

8. AGE: Years 37 Months 0 Days 29 If less than one day hr. min.

9. Birthplace Stoddard Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Manuel Richard## Davidson
13. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name Bertha Corlee
15. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Bertha C. Grampp
(b) Address Essex, Mo. R1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation Taylor Cem.

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) 12-7-43 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5 year 1943 hour 3 minute 45 p. M.

21. I hereby certify that I attended the deceased from Dec. 2, 1943, to Dec. 4, 1943; that I last saw him alive on Dec. 4, 1943, 19—; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastric Ulcers	15 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

117a

Major findings: Of operations None

Of autopsy None

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

23. Signature W. C. Dickman (M. D. or other)
Address Dexter, Mo. Date signed 12-6-43

1014 (Licensed Embalmer's Statement on Reverse Side)

APR 2 1945

RECEIVED
District Health Officer No. 4
District File Number 144-3088
Date Filed 1-3-44

JAN 6 1944

JAN 4 1944

MAY 17 1944

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 [signature]

Licensed Embalmer No. 3479

P. O. Address Dexter, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.