

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7589

State File No.

Registration District No. 175

Primary Registration District No. 5645

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural (Aurora Twnship)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. # 2 Aurora Mo. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 2 Aurora Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary B Davisson

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 Married
6. (b) Name of husband or wife Gordon B Davisson 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased May 11 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>8</u>	<u>7</u> hr. min.

9. Birthplace Creston Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER
12. Name Joseph Eastman
13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Holton
15. Birthplace Not Known 7
(City, town, or county) (State or foreign country)

16. (a) Informant Gordon B Davisson
(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 1/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. J. King
(b) Address Aurora Mo.

19. (a) 1-20-44 (b) Cunice Greene
(Date received local registrar) (Registrar's signature) 4 M 7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1944 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from Aug 10 1943 to Jan 18 1944
that I last saw h. or alive on Oct 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus contributory just Chronic myocarditis known
Due to.....

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 J. M. Smith M.D.
Address Aurora Mo Date signed 1/20/44

RECEIVED

Order No. 6.

244-192

Date Filed FEB 12 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.....

Herman M. Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.