

FILED APR 20 1944

Registration District No. 5220

Primary Registration District No. 5220

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Drift
(c) Name of hospital or institution: Rural Coldwater
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 54 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass 19
(c) City or town Drift Rural-R707
(If outside city or town limits, write "RURAL")
(d) Street No. Coldwater Township
(If rural, give location)
(e) Citizen of foreign country? U (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James Buchanan Davidson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29
year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Branchial
Duration _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 19- 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Scott Co Va.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer retired 54 yr.

11. Industry or business _____

12. Name James Davidson

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

14. Maiden name Mary Johnston

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

16. (a) Informant Jim Davidson

(b) Address Drift MO

17. (a) Burial (b) Date thereof 4-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sharon Cemetery

18. (a) Signature of funeral director Atkins Bros

(b) Address Atkins MO

19. (a) 4-1-44 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions aged 107
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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 E.E. Plummer (M. D. or other) _____

Address Atkins MO Date signed 4-1-44

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

MOTHER FATHER

1041

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, *personally*

Registered Apprentice No. _____

working under my personal supervision.

Signed *Floyd Harrison*

Licensed Embalmer No. *3920*

P. O. Address *Harrisonville*

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.