

V. S. No. 2
 50M-5-42
 Rev. 5-17-39
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17446

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 486

FILED MAY 26 1944

Registration District No. _____ Primary Registration District No. 1000

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

1. PLACE OF DEATH:
 (a) County Buchanan County
 (b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 1 day in Methodist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri County North
 (c) City or town Grant City Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 113
(If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elmer Smith Davidson Jr

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month 5-17- day 44 year _____ hour 6⁴⁵ minute 0 M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 22 1926
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-16-44 to 5-17-44, 19____; that I last saw him alive on 5-17-44, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
17 7 25 _____ hr. _____ min.

Immediate cause of death Shock
 Duration 30 hrs

9. Birthplace North Mo
(City, town, or county) (State or foreign country)

Due to Pneumonia

10. Usual occupation Farmer

Due to Ruptured bowel due to
 to Home Koch 1952

11. Industry or business _____

Other conditions Home Koch 1952
(Include pregnancy within 3 months of death)

12. Name Elmer Smith Davidson

Major findings: Ruptured bowel
 Of operations _____

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

Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

14. Maiden name Yarsa L Ray

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Elmer Smith Davidson

(a) Accident, suicide, or homicide (specify) accident

(b) Address Grant City, Mo

(b) Date of occurrence 5-15-44

17. (a) Burial (b) Date thereof May 17 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? Near Grant City, Mo
(City or town) (County) (State)

(c) Place: burial or cremation Grant City, Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm

18. (a) Signature of funeral director John Anderson Jr

While at work? yes (Specify type of place) (c) Means of injury Home Koch

(b) Address Grant City, Mo

23. Signature Paul Jorgensen (M. D. or other)

19. (a) 5/19/44 (b) Robert H. Drake
(Date received local registrar) (Registrar's signature)

Address St Joseph, Mo Date signed 5-17-44

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.....

John Andrews Jr....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*John Andrews Jr*.....

Licensed Embalmer No. *421*.....

P. O. Address.....*Grant City 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.