V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25939

Registration District No. 551

Primary Registration District No. 6186

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Taneylas

(b) City or town McClurg, Rural Beaver Twp
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Douglas~~ Taney Beaver twp

(c) City or town McClurg Rural Twp
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Henry Davidson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March (Month) 2, (Day) 1870 (Year)

8. AGE: Years 74 Months 2 Days 5 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Abe Davidson,
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sallie Brazeal
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Opal potter
(b) Address McClurg, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-44 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) July 26, 1944 (Date received local registrar) (b) Louise Forsyth (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 7
year 1944 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from May 4, 1944, to May, 19__;
that I last saw him alive on May 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Sassoma Liver and bowel

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

46 f

Duration

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 0

23. Signature J L Gentry (M. D. or other)
Address Ava Mo Date signed 5-10-44

1376 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 844-878
Date Filed AUG 2 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 W B Hutchison

Licensed Embalmer No. 3431

P. O. Address Ava 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.