

FILED JAN 9 1945  
Registration District No. 275

Primary Registration District No. 3053

State File No. 148

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Phelps

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

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

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

3. (a) PRINT FULL NAME Jerome Davidson

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

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Martha Davidson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 2, 1855  
(Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Salesman Retail

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Walter Know

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

14. Maiden name Walter

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

16. (a) Informant Carl Warden

(b) Address Edgar Springs Mo

17. (a) Burial (b) Date thereof Dec 4, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Cem

18. (a) Signature of funeral director Walter Eden

(b) Address 508 W 8th St Phelps Mo

19. (a) 12-4-44 (b) J. L. Mitchell  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County Phelps

(c) City or town Edgar Springs Mo  
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3  
year 1944 hour 7 minute 2 A.M.

21. I hereby certify that I attended the deceased from Nov 26, 1944 to Dec 3, 1944

that I last saw him alive on Dec 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Prostatitis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Myocarditis  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 name of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature J. L. Mitchell (M. D. or other) \_\_\_\_\_

Address Rolla Mo Date signed 12/4/44

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

1  
2  
2

107 2-

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed S. L. Jones

Licensed Embalmer No. 3397

P. O. Address Roller mo, 1

**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.**