V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1945

Registration District No. 30

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5102

State File No. 8956

Registrar's No. 8

1. PLACE OF DEATH:

(a) County: Benton

(b) City or town: Fristoe—Mo Rural
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Benton
(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1mi S. + 2mi W. of Fristoe
(If rural, give location)

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

3. (a) PRINT FULL NAME: Edward P. Davidson

3. (b) If veteran, name war: —

3. (c) Social Security No.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Virginia Davidson

6. (c) Age of husband or wife if alive: 83 years

7. Birth date of deceased: June (Month) 11 (Day) 1857 (Year)

8. AGE: Years 87 | Months 8 | Days 14 | If less than one day ___ hr. ___ min.

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

10. Usual occupation: Retired Farmer

11. Industry or business: Farm

MOTHER FATHER

12. Name: James Davidson

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

14. Maiden name: Emily Bell

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

16. (a) Informant: Perna Davidson

(b) Address: Fristoe, Mo RR1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-28-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Concord Cemetery

18. (a) Signature of funeral director: Reser Funeral Home

(b) Address: Warsaw, Mo.

19. (a) 3/8/45 (Date received by local registrar) (b) Jas. A. Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1945 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan., 15, 1945 to Feb., 25, 1945 and that I last saw him alive on Feb., 18, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senility	1 yr.
Chronic Interstitial Nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 13/a
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other) DO
Address: Warsaw, Mo. Date signed 2/26/45

(Licensed Embalmer's Statement on Reverse Side)

65

RECEIVED
District Health Officer No. 7
District File Number 3-40-234
4-4-40

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 Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Warsaw, 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.