

FILED MAR 16 1945

Primary Registration District No. 5479

Registrar's No. 366

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution:
RFD #1 Brunin Mo.
(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 2 1/2 years
years, months or days

3. (a) PRINT FULL NAME Jerry May DAVIDSON

3. (b) If veteran, name war _____

3. (c) Social Security No. 9m

4. Sex M Color or race W

5. (a) Single, widowed, married, divorced 5

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Aug 16, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

2 5 15 - hr. - min.

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

10. Usual occupation Chief

11. Industry or business Home

MOTHER FATHER

12. Name Earl Davidson

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

14. Maiden name Myrtle

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

16. (a) Informant Carl M. Davidson

(b) Address RFD #1 Brunin Mo

17. (a) burial (b) Date thereof Feb 3, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wills Chapel

18. (a) Signature of funeral director Raymond A. Wynn

(b) Address Springfield Mo

19. (a) Feb 3, 1945 (b) L. J. Roberts
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

(c) City or town Rural (Layton Supp)
(If outside city or town limits, write "RURAL")

(d) Street No. RFD #1 Brunin Mo
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1945 hour 13:05 minute 30 M.

21. I hereby certify that I attended the deceased from Feb 22
1945 to Feb 23 1945
that I last saw him alive on Feb 22 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Severe Pneumonia Right

Due to Pneumococcus infection?

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 106

Of autopsy _____

Duration

36 hours

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? _____

While at work (Specify type of place) _____

(e) Means of injury _____

23. Signature Clifford F. Duffy (M.D. or other) M.D.
Address 1 Denton Hill Date signed Feb 3, 1945

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

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15211

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.....

working under my personal supervision.

Myself

....., Registered Apprentice No.

Signed.....

Raymond A. Dennis

Licensed Embalmer No. *3424*

P. O. Address. *Drexel 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.