

No. 2
1-5-43
5-17-39
X36671

FILED JUN 12 1945

State File No. _____

Registration District No. _____

Primary Registration District No. 3007

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Butler

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

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

(d) Length of stay: In hospital or institution 4 hours
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Banklin 35

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

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

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

3. (a) PRINT FULL NAME J J Davidson

3. (b) If veteran, name war No

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1945 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 27 1888
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>9</u>	<u>15</u>	_____ hr. _____ min.

Due to fractured ribs puncture

Due to automobile accident

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

9. Birthplace _____
(City, town, or county) (State or foreign country) MISSOURI

10. Usual occupation Farmer

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business Farm

12. Name Thomas Davidson

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

14. Maiden name unknown

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

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

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

(b) Date of occurrence 5-12-45

(c) Where did injury occur? Clarkston
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public highway
(Specify type of place) (e) Means of injury automobile

16. (a) Informant Thomas Davidson "Son"

(b) Address Clarkston Mo

17. (a) Burial (b) Date thereof May 16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanfield Mo

18. (a) Signature of funeral director Landcos Funeral Home

(b) Address Cam J. Bell Mo.

19. (a) 5-16-45 (b) Bruce Linnel
(Date received local registrar) (Registrar's signature)

23. Signature Wm Hensch (M. D. or other) _____
Address Poplar Bluff Mo Date signed _____

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

3

92

RECEIVED
District Health Office No.
District File Number 645-28
Date Filed 6-6-43

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..... *E W Lander*
Licensed Embalmer No. *2289*
P. O. Address..... *Campbell M*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June
Registrar's No. 141

Registration District No. 43 Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(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..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME J. F. 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.....

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....

7. Birth date of deceased July 27
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 27 If less than one day
hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1945 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above. Immediate cause of death.....

Duration

Respiratory arrest
due to pneumonia & lung
Due to pneumonia & lung
Due to pneumonia
Other conditions
(Include pregnancy within 3 months of death)

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED 1706 22

Major findings: Of operations none Of autopsy none

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) yes
(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 J. M. Davidson (M. D. or other) Date signed 6-19-45

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

SUPPLEMENTARY

16436