

FILED JUN 27 1945

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Jackson County Emg. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital 2 mo. 18 days
(Specify whether years, months or days)

In this community 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Kansas City ³
(If outside city or town limits, write "RURAL")

(d) Street No. 9004 E. 66th Terrace ⁸
(If rural, give location)

(e) Citizen of foreign country? No ⁰ (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Cordelia Davidson

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female 5. Color or race Wh.

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

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

7. Birth date of deceased June 3rd 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>11</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Wayne County Tenn. ¹
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Geo. Killiford Davidson

13. Birthplace Georgia ¹
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Gates

15. Birthplace Tenn. ¹
(City, town, or county) (State or foreign country)

16. (a) Informant A. Davidson

(b) Address 9004 E. 66th Terrace

17. (a) Burial (b) Date thereof May 12 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director C. Clark Heger

(b) Address Raytown Mo.

19. (a) May 10-45 (b) F. M. Schuck ¹⁹⁴⁵
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th
 year 1945 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2-21-45
 19____ to 5-7-45, 19____;

that I last saw her alive on 5-7-45, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac dilatation ^{Duration}

Due to General malnutrition, and infected lesion on back

Due to

Other conditions 1950
(Include pregnancy within 3 months of death)

Major findings:
 Of operations

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?

While at work? (Specify type of place) _____
 Means of injury _____

23. Signature F. W. Tuttle (M. D. or other) MO
 Address Blue Springs Mo. Date signed 5/10/45

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

MOTHER FATHER

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..... *Clark Hegert*

Licensed Embalmer No. *3983*

P. O. Address *Raytown, 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.