S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2689

FILED FEB 11 1946

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 59

1. PLACE OF DEATH:

(a) County: Greene

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

(c) Name of hospital or institution: 1825 Washington Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 Weeks 5 Days (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39

(c) City or town: Springfield 21
(If outside city or town limits, write "RURAL")

(d) Street No.: 1825 N. Washington Ave. 6
(If rural, give location)

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

3. (a) PRINT FULL NAME: JERRY LEWIS DAVISSON

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: December (Month) 3, (Day) 1946 (Year)

8. AGE: Years 0 Months 0 Days 19 If less than one day hr. min.

9. Birthplace: Springfield, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: INFANT

11. Industry or business: None

MOTHER FATHER

12. Name: W.F. Davisson

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

14. Maiden name: Ruth White

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

16. (a) Informant: W.F. Davisson

(b) Address: 1925 Washington Ave., Spfd., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 24, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Hazelwood Cemetery

18. (a) Signature of funeral director: Fred C. Thieme

(b) Address: Springfield, Missouri

19. (a) 1-25-46 (Date received local registrar) (b) S M Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd year 1946 hour 9:00 PM minute M.

21. I hereby certify that I attended the deceased from Jan 21, 1946 to Jan 22, 1946 that I last saw him alive on January 22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Anhydremia — Duration: 5 days

Due to: Vomiting and diarrhoea

Due to:

Other conditions (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? (Specify type of place)

While at work?

(e) Means of injury:

23. Signature: Walter H. Burke (M. D. or other) M.D.

Address: 410 Woodruff Bldg. Date signed 1-25-46

Spfd., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

626

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 Cavity only, Registered Apprentice No. Not Embalmed working under my personal supervision.

Signed Ralph H. Freeman

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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.