

FILED APR 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 322

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Methodist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs. (Specify whether
In this community 10 Mo. 1 Da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Kenneth Lloyd Davidson

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased May 16 1945
(Month) (Day) (Year)

8. AGE: Years 0 Months 10 Days 1 If less than one day
hr. _____ min. _____

9. Birthplace Buchanan Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

MOTHER FATHER

12. Name Albus Davidson
13. Birthplace Platte Mo. U
(City, town, or county) (State or foreign country)
14. Maiden name Lucera Fletcher
15. Birthplace Buchanan Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Albus Davidson
(b) Address Agency, Mo.
17. (a) Burial (b) Date thereof May 19, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation No. 6 Cemetery
18. (a) Signature of funeral director H. A. Sullivan
(b) Address Gower, Mo.
19. (a) March 20, 1946 (b) N. J. Nestelhus
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1946 hour 6:25 minute P. M.

21. I hereby certify that I attended the deceased from
March 17, 1946 to March 17, 1946
that I last saw him im alive on March 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Broncho-pneumonia Unknown
purpuricus

Due to Pneumonia

Due to Acute Otitis Media

Major findings:
Of operations _____
Of autopsy 162

Duration

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 1
23. Signature Maxwell Day (M. D. or other) _____
Address 218 N. 7th Date signed 3-18-

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

Handwritten signature/initials

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 H. A. Sullivan
Licensed Embalmer No. 1738
P. O. Address Guiner 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.