

No. 2
M-2-43
5-17-39
X35697

State File No.

FILED APR 5 1946
Registration District No. 231

Primary Registration District No. 4347

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Middleton
(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 46 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (County) Montgomery

(c) City or town Middleton (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 Minott Mac Davidson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race W.

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

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

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased (Month) Nov (Day) 17 (Year) 1868

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd
year 1946 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from June 3, 1929
to Mar. 3, 1946

that I last saw him alive on Mar. 3, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 3 Days 16
If less than one day _____ min.

Immediate cause of death Myocardial failure

Due to Coronary vascular
Renal hypertensive disease

Due to _____

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

10. Usual occupation Retired Banker

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

MOTHER FATHER

11. Industry or business Banker

12. Name William Davidson

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

14. Maiden name Emily Davidson

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

Major findings:
Of operations _____

Of autopsy 316

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Emily Davidson

(b) Address Middleton Mo

17. (a) Buried (b) Date thereof 3-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middleton Mo

18. (a) Signature of funeral director H. H. Hall

(b) Address Wellsville Mo.

(a) MM-4-4 (b) 302 Chapman
(Date received local registrar) (Registrar's signature)

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? _____ (i) Means of injury _____

23. Signature W. R. Titus (M. D. or other) DO

Address Middleton, Mo. Date signed May 1946

78
9102
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-4-46

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 Sely.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed J. B. Kelly.....

Licensed Embalmer No. 1558.....

P. O. Address Hallowell Me.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform to the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.