

FILED APR 2 1946
Registration District No. 25

STANDARD CERTIFICATE OF DEATH

State File No. _____

Primary Registration District No. 6189

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Janey
(b) City or town Kissee Mills
(c) Name of hospital or institution:
Home near Kissee Mills
(d) Length of stay: In hospital or institution _____
In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Janey
(c) City or town Kissee Mills MO
(d) Street No. _____
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Larwood S. Davidson

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Chasie Davidson 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Nov. 27 1900

8. AGE: Years 45 Months 3 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Kissee Mills MO

10. Usual occupation _____

11. Industry or business Farmer
12. Name John M. Davidson
13. Birthplace Virginia
14. Maiden name _____
15. Birthplace Embury Plains VA

16. (a) Informant Mr. Chasie Davidson
(b) Address Kissee Mills MO

17. (a) Burial (b) Date thereof Nov-20-46

18. (a) Signature of funeral director Harry H. Smith
(b) Address Branson MO

19. (a) March 20-46 (b) Mrs. Eva Allsauer

MEDICAL CERTIFICATION

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

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

Immediate cause of death Coronary Atherosclerosis

Due to _____

Due to _____

Other conditions _____

Major findings: Of operations _____ Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Paul E. Roberts Address Branson Date signed 3/17/46

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

MOTHER FATHER

RECEIVED
District Health Officer No. 6,
District File Number 346-413
Date Filed MAR 29 1946

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 *Minnie L. Welshel*
Licensed Embalmer No. *2277*
P. O. Address *Bronson 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.