

**FILED** APR 17 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_  
Registrar's No. 34

Registration District No. 141

Primary Registration District No. 3025

**1. PLACE OF DEATH:**

(a) County Howell  
(b) City or town West Plains  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Christa Hogan Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 80 days  
(Specify whether years, months or days)  
In this community 68 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Howell  
(c) City or town West Plains  
(If outside city or town limits, write "RURAL")  
(d) Street No. 112 Leyda Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** GEORGE ISAAC DAVIDSON

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 15 1867  
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Day 25  
If less than one day hr. min.

9. Birthplace Osage County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Wm. A. Davidson

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

14. Maiden name Caroline

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

16. (a) Informant Joe R. Davidson

(b) Address West Plains, Mo.

17. (a) Burial (b) Date thereof Mar. 14, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn Cem. West Plains, Mo.

18. (a) Signature of funeral director Hal Thombugh  
(b) Address West Plains, Mo.

19. (a) 3-16-46 (b) Bloddy Harrison  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March 10 day  
year 1946 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from December 15 1945 to March 10 1946  
that I last saw him alive on March 10 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature \_\_\_\_\_ (M.D. or other) \_\_\_\_\_  
Address West Plains, Mo. 3/14/46

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

RECEIVED  
District Health Officer No. 5, 283  
District File No. 44624  
Date Filed 11/6/55  
NOV 4 1955

JUL 11 1955

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 Hal Thompson  
Licensed Embalmer No. 3408  
P. O. Address West Plains, 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.