

FILED AUG 21 1946

State File No. _____

Registration District No. 297

Primary Registration District No. 5785-

Registrar's No. 72

1. PLACE OF DEATH:
 (a) County Mississippi
 (b) City or town Long Prairie
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Residence
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 72 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Miss.
 (c) City or town Rural (If outside city or town limits, write "RURAL")
 (d) Street No. 2 miles north East Prairie (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WALTER SCOTT DAVIDSON
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 23. DATE OF DEATH: Month July day 22 year 1946 hour 8:45 minute 9 M.
 21. I hereby certify that I attended the deceased from 28 May 46 to 22 July 46, 19____, to _____, 19____; that I last saw him alive on 16 July 46 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Sarah Belle Davidson 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased Sept. 6, 1868
 (Month) (Day) (Year)

Immediate cause of death Auricular fibrillation
 Due to Ac Dilatation
 Due to Ch. Myocarditis, Senile
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 Duration 3 mo.
3 mo.

8. AGE: Years 78 Months 10 Days 16 If less than one day _____ yr. _____ min.
 9. Birthplace Unknown Tenn
 (City, town, or county) (State or foreign country)

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 0

10. Usual occupation Farmer
 11. Industry or business _____
 12. Name Unknown
 13. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)
 16. (a) Informant Joe Davidson
 (b) Address East Prairie, Mo. Rt. 1
 17. (a) Burial (b) Date thereof 7-24-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Unknown
 18. (a) Signature of funeral director James Shelby
 (b) Address East Prairie Mo.
 19. (a) 8-13-46 (b) Mrs. John Bondurant
 (Date received local registrar) (Registrar's signature)

23. Signature Charles W. Meier (M. D. or other) _____
 Address Sturton Mo. Date signed 7/25/46

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

26551 Sturton, Mo.

RECEIVED

Sanitary Health Office No. 2

License File Number 846-929

Date filed

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 *Travis Shelby*

Licensed Embalmer No. *2726*

P. O. Address *East Prairie, 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.