

3. No. 2
—8-13
5-17-39
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED AUG 19 1946 STANDARD CERTIFICATE OF DEATH

State File No. **28044**
Registrar's No. **52**

Registration District No. _____ Primary Registration District No. **5984**

1. PLACE OF DEATH:
(a) County **Putnam**
(b) City or town **Rural, Elm tmp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Livonia, Mo.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ **Life** (Specify whether _____)
years, months or days)

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

3. (a) PRINT FULL NAME **George Henry Davidson**
(b) If veteran, name war **no**
(c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **21**
year **1946** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **Feb 18**
4, 19**46** to **July 21**, 19**46**
that I last saw him alive on **July 21**
and that death occurred on the date and hour stated above.

4. Sex **M** **5. Color or race** **W**
6. (a) Single, widowed, married, divorced **M**
(b) Name of husband or wife **Rossie Davidson**
6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **Feb. 21** **1876**
(Month) (Day) (Year)

Immediate cause of death: **Paranoma of Sigmoid Colon**
Duration: **2 year**

8. AGE: Years **70** Months **4** Days **22**
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **462**
Of autopsy _____

9. Birthplace **Putnam Co. Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

11. Industry or business
12. Name **Daniel M. Davidson**
13. Birthplace **Ill.**
(City, town, or county) (State or foreign country)
14. Maiden name **Matalda Hart**
15. Birthplace **Ind.**
(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 _____ (Specify type of place) _____
(Specify type of place) _____
Means of injury _____

16. (a) Informant **Virgil Davidson**
(b) Address **Livonia MO**
17. (a) Burial **(b) Date thereof** **7-23-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Concord Cem**

23. Signature **Phoebe L. Judd** (M. D. or other) **21**
Address **Livonia MO** **Date signed** **7-21-46**

18. (a) Signature of funeral director **Thos. H. Hester**
(b) Address **Unionville, Mo**
19. (a) 7-29-46 **(b) Marcell Durbin**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 17
District File Number 8-10-1496
Date Filed AUG 14 1949

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 J. O. Husted

Licensed Embalmer No. 2975

P. O. Address Unionville N.C.

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.