

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 7 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32566**

Registration District No. L

Primary Registration District No. 5000

Registrar's No. 395

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Rural Route # 5
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 27 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Adair
 (c) City or town Kirksville
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural Route # 5
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elva Dora Davidson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Otto G. Davidson 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased Feb. 7 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Salem Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER
 { 12. Name Thomas Jones 9
 { 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 { 14. Maiden name Sarah Unknown 9
 { 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Merrill Davidson

(b) Address Kirksville, Mo

17. (a) Burial (b) Date thereof 10/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) -Place: burial or cremation Maple Hills Cemetery

18. (a) Signature of funeral director DEE Rely

(b) Address Kirksville, Missouri

19. (a) 10-21-46 (b) State Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 5
 year 1946 hour 11:00 minute P: M.
 21. I hereby certify that I attended the deceased from Sept 18 1946 to Oct 5 1946
 that I last saw him alive on Oct 5 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart disease
 Duration yrs

Due to _____

Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death) Yes

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy 6
 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 0

23. Signature H. M. Humphrey (M. D. or other) MD
 Address Brashear Date signed 10-7-46

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

RECEIVED
District Health Officer No. 10
District File Number 12-46-1222
Date Filed OCT 31 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..... *D. E. Riley*
Licensed Embalmer No. *4181*
P. O. Address..... *Massville 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.