

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34340**  
Registrar's No. **387**

Registration District No. **274**  
Primary Registration District No. **3052**

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 hours  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")

(d) Street No. 1423 East Broadway  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jerry Randolph Davidson

3. (b) If veteran, \*\*\*\*\* 3. (c) Social Security No. \*\*\*\*\*  
name war \_\_\_\_\_ No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3, year 1946 hour 2:30 minute A.

21. I hereby certify that I attended the deceased from 10-1- 1946 to 10-3 1946  
that I last saw him alive on 10-3- 1946  
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: October, 1, 1946  
(Month) (Day) (Year)

Immediate cause of death: Respiratory failure

Due to Immaturity

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

Other conditions: 159  
(Include pregnancy within 3 months of death)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 If less than one day (30 hours)  
hr. min.

9. Birthplace: Sedalia, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: \*\*\*\*\*

11. Industry or business: \*\*\*\*\*

Major findings: 159

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Chester Davidson

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

14. Maiden name Ruth Marie Carey

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

16. (a) Informant Chester Davidson (father)

(b) Address 1423 East Broadway, Sedalia, Mo.

17. (a) Burial (b) Date thereof 10/3/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Marian Ewing

(b) Address Sedalia, Mo.

19. (a) 10/3/46 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

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 J. M. Rodeman (M. D. or other) M.D.  
Address Sedalia, Mo. Date signed 10-5-46

251 (Licensed Embalmer's Stamp on Reverse Side)

RECEIVED

District Health Officer No. 8,

State File Number \_\_\_\_\_

10-19-46

NOV 19 1946  
9861 ST AON

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 Phane Ewing

Licensed Embalmer No. 3517

P. O. Address Idalia, Ga.

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.