. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED ~~SEP~~ 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34438

Registration District No. 291 Primary Registration District No. 5968 Registrar's No. 59

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Halfway (N. Benton) (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 Miles N.E. of Halfway 3 (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

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

(d) Street No. 3 Miles N.E. of Halfway (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country None

3. (a) PRINT FULL NAME Clarence C. Davison

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy Davison

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Dec. 10 1885 (Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 6 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Daniel Davison
13. Birthplace Polk Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Hannah Clark
15. Birthplace Polk County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Lucy Davison

(b) Address Halfway, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 18 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Ragsdale Cemetery

18. (a) Signature of funeral director Erwin and Blue

(b) Address Balmar, Mo.

19. (a) Oct. 12, 1946 (Date received local registrar) (b) Ralph Garden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 16, year 1946 hour 11:30 minute A. M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ Aug. 16, 1946, to ....., 19....; that I last saw him ~~alive~~ on Aug. 16, 1946, 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation from Drowning

Due to It was believed he had an attack of Pilepsy

Due to and fell in a Branch

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Willard B. Erwin Coroner (M. D. or other)

Address Balmar, Mo. Date signed 8/17/46

(Licensed Embalmer's Statement on Reverse Side)

Date Filed ——— 10-17-41

District File Number 9-46-1029

District ... Number ...

JUL 6 1950

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.