No. 2
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17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41472

Registration District No. 245 Primary Registration District No. 3042 Registrar's No. 94

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neosho (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sales Memorial (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 46 Days.
In this community

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

3. (a) PRINT FULL NAME Andrew Washington Davidson
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife: Rebecca J. Davidson
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Feb (Month) 27 (Day) 1868 (Year)

8. AGE: Years 78 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Rocky Comfort, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired
MOTHER FATHER
12. Name Thomas Davidson
13. Birthplace Perry Co. Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Nancy Dunegan
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Rebecca J. Davidson
(b) Address Pineville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation Rocky Comfort, Mo.
18. (a) Signature of funeral director C. M. Humphrey
(b) Address Pineville Mo.
19. (a) Dec. 2, 1946 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th year 1946 hour 8 minute 45 P. M.
21. I hereby certify that I attended the deceased from 9-26, 19 46 to 11-11-46, 19 ; that I last saw h alive on 11-11-46, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lower lip with secondary involvement
Due to Carcinoma
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

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 Melvin C. Bowman (M. D. or other) M.D.
Address Neosho, Mo Date signed Dec 2 46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Kent

District File Number 1246-77

Date Filed 12-16-46

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, ~~only~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Mayne E Humphrey

Licensed Embalmer No. 4262

P. O. Address Pittsville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.