

No. 2
8-43
17-39
X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43414
Registrar's No. 19

FILED JAN 20 1947
Registration District No. 49

Primary Registration District No. 5175

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

1. PLACE OF DEATH:

(a) County Camden

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

(c) Name of hospital or institution RFD #2

(If not in hospital or institution, write street number or location) 1

(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 Camden ¹⁵

(c) City or town Macks Creek Rural ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. RFD #2
(If rural, give location)

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

If yes, name country U

3. (a) PRINT FULL NAME Cordelia Belle Davidson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race wh

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

6. (b) Name of husband or wife A. J. Davidson

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

7. Birth date of deceased Feb 7 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5
year 1946 hour 1 minute a M.

21. I hereby certify that I attended the deceased from Jan, 1946, to Oct, 1946;
that I last saw her alive on Oct 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 46

8. AGE: Years Months Days If less than one day

76 7 18 hr. min.

9. Birthplace Camden Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Bill Skinner

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

14. Maiden name Olley Ann Burnett

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

16. (a) Informant Mr Skinner (John Thomas)

(b) Address RFD #2 Macks Creek, Mo

17. (a) burial (b) Date thereof Oct 7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Banks-Wooley

(b) Address Camden, Mo

19. (a) 11-21-46 (b) E. J. Myers, M.D.
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

87E

Major findings: No Operation

Of operations _____

Of autopsy No Autopsy

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?

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. J. Chabirek, M.D.

Address Camden, Mo Date signed 12-2-46

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LA 91-1
12-16-23
12-16-23

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 Albi Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, 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.