

FILED FEB 13 1947

Registration District No. _____ Primary Registration District No. 5324

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County CRAWFORD BOONE

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

(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

3. (a) PRINT FULL NAME LUTHER LEONARD DAVIDSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. ✓

4. Sex M D 5. Color or race W

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

6. (b) Name of husband or wife FONNIE DAVIDSON

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

7. Birth date of deceased FEB 2 1861
(Month) (Day) (Year)

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

85 10 29 _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name GEORGE DAVIDSON

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

14. Maiden name UNKNOWN

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant MARGE W. ERN!

(b) Address BOURBON, MO.

17. (a) BURIAL (b) Date thereof JAN 4 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HILL CEM.

18. (a) Signature of funeral director J. J. Williams

(b) Address BOX 10 SULLY, MO.

19. (a) 1-4-47 (b) Ebdoug
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CRAWFORD 2

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? N.O. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 1
year 47 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 15, 1946 to Dec. 31, 1946
that I last saw him alive on Dec. 31, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 91 B

Of autopsy _____

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 W. F. Irvins (M. D. or other) ✓
Address Bourbon, Mo. Date signed 1-2-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

FEB 24 1947

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.....

Lloyd W. Olson

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Lloyd W. Olson

Licensed Embalmer No. *4344*

P. O. Address. *Box 111 Salina 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.