S. No. 2
M—8-43
. 5-17-39
p I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3923

Registration District No. 38 — Primary Registration District No. 3006 — Registrar's No. 65

1. PLACE OF DEATH:

(a) County: Boone

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

(c) Name of hospital or institution: 1113 Paquin St. (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) In this community: 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone

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

(d) Street No.: 1113 Paquin St. (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: GROVER CLEVELAND DAVIDSON

3. (b) If veteran, name war: None

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Eugia Wren Davidson

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

7. Birth date of deceased: 2 (Month) - 11 (Day) - 1886 (Year)

8. AGE: Years 61 | Months 0 | Days 15 | If less than one day: hr. min.

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

10. Usual occupation: Upholsterer of Furniture

11. Industry or business:

MOTHER FATHER

12. Name: Marion Davidson

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

14. Maiden name: (Unknown) Carter

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

16. (a) Informant: Mrs. G.C. Davidson

(b) Address: 1113 Paquin St., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-28-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Pleasant

18. (a) Signature of funeral director: Parker Funeral Service

(b) Address: Columbia, Mo.

19. (a) 3-3-47 (Date received local registrar) (b) Mrs R.E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 26 year: 1947 hour: 2 minute: 20 A. M.

21. I hereby certify that I attended the deceased from July 1942 to Feb-26 1947 that I last saw him alive on Feb-17 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis — Duration

Due to:

Due to:

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

Major findings: Of operations: none

Of autopsy: none

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: F. C. Sieggett (M. D. or other) M.D.

Address: Columbia, Mo. Date signed 2-27-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3/10/42

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 Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.