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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4638**
Registrar's No. **33**

Registration District No. **137** Primary Registration District No. **4218**

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

1. PLACE OF DEATH:
(a) County **Henry**
(b) City or town **Windsor**
(c) Name of hospital or institution:
207 Commercial /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 months** (Specify whether years, months or days)

In this community **Mrs.**
3. (a) PRINT FULL NAME **Anna Louise Davidson**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Fe /** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **D 3**
6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **December 11 1878**
(Month) (Day) (Year)

8. AGE: Years **68** Months **1** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **unknown Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____
MOTHER FATHER { 12. Name **Gus Bandel** **4**
13. Birthplace **unknown Germany** **1**
(City, town, or county) (State or foreign country)
14. Maiden name **Harriett Morrison**
15. Birthplace **unknown unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. P. L. Bollinger**
(b) Address **Eldon, Missouri**

17. (a) **Burial** (b) Date thereof **2-10-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Joseph, Missouri**

18. (a) Signature of funeral director **Huston Tuttle**
(b) Address **Windsor, Mo.**

19. (a) **2-12-47** (b) **A R Kenney**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Henry** **42**
(c) City or town **Windsor** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **207 N. Commercial** **0**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **8**
year **1947** hour **8:30** A.M. **8** M.
21. I hereby certify that I attended the deceased from **2-7**
1947 to **2-8** 19**47**
that I last saw her alive on **2-8** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** **12 hrs**
Due to **Hypertensive cardiac-vascular disease** **?**

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

Major findings: **gtd**
Of operations _____
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 **D**

23. Signature **Ray Jordan** (M. D. or other)
Address **Windsor mo** Date signed **2-8-47**

Duration
12 hrs
?
PHYSICIAN
Underline the cause to which death should be charged statistically.

120

CT-CTC

CT-CTC

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.....

William M. Turner....., Registered Apprentice No. 470
working under my personal supervision.

Signed.....

Edwin M. Hurlow

Licensed Embalmer No. 3391

P. O. Address..... *Windsor Mass*

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.