

5-43
17-39
X36671

FILED MAR 3 1947

Registration District No. **141**

Primary Registration District No. **5551**

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

1. PLACE OF DEATH:

(a) County **Howe**

(b) City or town **West Plains R.F.D.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **61** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Dora Catherine Davidson**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

4. Sex **71** 5. Color or race **W.**

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

6. (b) Name of husband or wife **Walter Davidson**

6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **8-19-1885**
(Month) (Day) (Year)

8. AGE: **61** Years **5** Months **3** Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or Business

MOTHER FATHER

12. Name **Geo Ball**

13. Birthplace **Yan, I**
(City, town, or county) (State or foreign country)

14. Maiden name **Marcy Nutt**

15. Birthplace **Ark, I**
(City, town, or county) (State or foreign country)

16. (a) Informant **Grange Ball**

(b) Address **West Plains, Mo.**

17. (a) **B** (Burial, cremation, or removal) (b) Date thereof **1-28-47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Oak Lawn**

18. (a) Signature of funeral director **Robertson**

(b) Address **West Plains, Mo.**

19. (a) **Feb 17-1947** (b) **Restina Cook**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Newell**

(c) City or town **West Plains**
(If outside city or town limits, write "RURAL")

(d) Street No. **R.F.D.**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **22**
year **1947** hour **6** minute **P.**M.

21. I hereby certify that I attended the deceased from **17 Jan 1947** to **22 Jan 1947**
that I last saw her alive on **21 Jan 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage with Hemiplegia L.**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **MI**

Of operations

Of autopsy

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?

23. Signature **Robertson** (M. D. or other) **W.D.**

Address **West Plains, Mo.** Date **Feb 47**

Drumh

RECEIVED

District Health Officer No. 5,

District File Number 24798

Date Filed 2-28-47

MAY 6 1947

FEB 25 1948

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 Geo. L. Drago

Licensed Embalmer No. 4711

P. O. Address Westham 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.

1880

Registration District No. 141 Primary Registration District No. 5551

1. PLACE OF DEATH:

(a) County Haskell
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Sarah C. Davidson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased aug 19
(Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Beatrice Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year 1947 hour _____ minute _____ M. _____
21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of 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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

JUL 1 1947

S-4680