S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5278

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 21

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

1. PLACE OF DEATH:
(a) County JOHNSON
(b) City or town WARRENSBURG
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WARRENSBURG CLINIC
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 7203 BELLEFONTAINE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DAVIDSON, ROLAND CHANNING
3. (b) If veteran, name war WORLD WAR II
3. (c) Social Security No. 487-26-6637
4. Sex MALE
5. Color or race WH.
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH (Month) 19 (Day) 1922 (Year)
8. AGE: Years 24 Months 11 Days 5 If less than one day hr. min.
9. Birthplace SUSANVILLE (City, town, or county) CALIF. (State or foreign country)
10. Usual occupation STUDENT
11. Industry or business
FATHER 12. Name ROLAND R. DAVIDSON
13. Birthplace STRONGHURST (City, town, or county) ILLINOIS (State or foreign country)
MOTHER 14. Maiden name EDITH CHANNING
15. Birthplace NIAGARA FALLS (City, town, or county) N.Y. (State or foreign country)
16. (a) Informant Roland R. Davidson
(b) Address 7203 Bellefontaine
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof FEB. 26. 1947 (Month) (Day) (Year)
(c) Place: burial or cremation MT. MORIAH
18. (a) Signature of funeral director D. H. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 2-24-1947 (Date received local registrar) (b) Raymond Chatfield (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1947 hour 3 minute 35 A.M.
21. I hereby certify that I attended the deceased from Feb. 22, 1947, to Feb. 24, 1947, that I last saw him alive on Feb 24, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute gangrenous appendicitis	3 days
Due to: peritonitis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 121	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Ralph Samson M.D. (M.D. or other)
Address Warrensburg Mo. Date signed 2-24-47

147 (Licensed Embalmer's Statement on Reverse Side)

APR 25 1947

MAR 7 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.