

FILED MAR 13 1947
Registration District No. **177**

Primary Registration District No. **43075712**

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

1. PLACE OF DEATH:

(a) County **McDonald**
(b) City or town **"RURAL"**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 mi. SE of Rocky Comfort
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **Lifetime** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **McDonald**
(c) City or town **"RURAL"**
(If outside city or town limits, write "RURAL")
(d) Street No. **1 mi. SE of Rocky Comfort**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Cumi 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 **W.**
6. (b) Name of husband or wife **U. S. Davidson** 6. (c) Age of husband or wife if alive **dead** years
7. Birth date of deceased **January 24, 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 0 21 -- hr. --- min.

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

10. Usual occupation **Housewife**

11. Industry or business **Home**

MOTHER FATHER { 12. Name **Geo. C. Duncan**
13. Birthplace **Tenn.**
14. Maiden name **Nancy J. Kelley**
15. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ava Skaggs**
(b) Address **Rocky Comfort, Mo.**

17. (a) **Burial** (b) Date thereof **2/17/1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rocky Comfort Cemetery**

18. (a) Signature of funeral director **Koon Funeral Home**
(b) Address **Cassville, Mo.**

19. (a) **Feb. 25, 1947** (b) **O. C. Plummer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **15th.**
year **1947** hour **2:45** minute **P.M.**

21. I hereby certify that I attended the deceased from **you**
1943 to **Feb 15, 1947**
that I last saw her alive on **Feb 15, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Central thrombosis** Duration **5 days**

Due to **Hypertension** **5 yrs.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **G. B. A.**
Of autopsy **G. B. A.**
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 **20**

23. Signature **J. P. Ellison** (M. D. or other) **MD**
Address **Rocky Comfort, Mo.** Date signed **2/16/47**

RECEIVED

Health Officer No. 6,
District File Number 347-295
Date Filed MAR 10 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.....

J. C. Canada

Licensed Embalmer No. 4196

P. O. Address. Cassville, 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..