

S. No. 2
1-12-45
7-5-17-39
I X47070

FILED APR 8 1947

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 455

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1213 N 10th St Little Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 mos. 4
(Specify whether years, months or days)

In this community 11 mos. 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2

(c) City or town Savannah
(If outside city or town limits, write "RURAL.")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Walter Curtis Davison

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 31
year 1947 hour 5 minute 30 P.M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife FANNIE DAVISON

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

7. Birth date of deceased July 16-1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 20 1947 to Mar 31 1947 that I last saw him alive on Mar 30 1947 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>15</u>	hr. _____ min.

Immediate cause of death nitrol insufficiency 3 yrs

Due to _____

Due to _____

9. Birthplace UN KNOWN IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER

12. Name Allen DAVISON

13. Birthplace UN KNOWN IA
(City, town, or county) (State or foreign country)

14. Maiden name UN KNOWN IA

15. Birthplace UN KNOWN IA
(City, town, or county) (State or foreign country)

Major findings: 92B

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Raymond Jenkins

(b) Address Savannah Mo

17. (a) Burial (b) Date thereof 4-3-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SAVANNAH, MO

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah Mo

19. (a) Apr 1, 1947 (b) G. L. Johnson
(Date received local registrar) (Registrar's signature)

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 J. R. Elliott MD (M. D. or other) MD

Address 801 1/2 Street St. Joseph Mo Date signed 4/1/47

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.