

FILED APR 23 1947

State File No.

Registration District No. 101

Primary Registration District No. 4173 Registrar's No. 078

1. PLACE OF DEATH:

- (a) County Douglas
(b) City or town Ava
(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 (Bud) M. A. Davidson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Love Hanev Jenkins Davidson 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 10, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	6	18	hr. min.

9. Birthplace Christian County, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

12. Name Abe D. Davidson
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Brazeal
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wesley Davidson
(b) Address Ava, Missouri
17. (a) Burial (b) Date thereof 3-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation, Jenkins

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) 4-12-47 (b) Vestal Bushman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Douglas
(c) City or town Ava
(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

23. DATE OF DEATH: Month Feb. day 28
year 1947 hour 6 minute P M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death Heart Failure
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) (c) Means of injury
23. Signature Vestal Bushman (M-D, or other)
Address Ava, Mo. Date signed 4-12-47

RECEIVED

District Health Officer No. 6,
District File Number 447-469
Date Filed APR 22 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..... W B Hutchinson

Licensed Embalmer No. 3431

P. O. Address..... Cora 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 101

Primary Registration District No. 4173

Registrar's No. 18

1. PLACE OF DEATH:

- (a) County Douglas
(b) City or town Waverly
(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

M. A. Davidson

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased. Aug (Month) 1947 (Year)

8. AGE: Years 29 Months 6 Days 1 If less than one day
hr. min.

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

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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Apr. 12-47 (b) Wesley Bushman
(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 May year 1947 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from 1947 to 1947,
that I last saw him alive on May 12, 1947,
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 sta-
tistically.

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

13002