

No. 2
M-45-43
7-5-47-39
X36671

State File No. _____

FILED SEP 2 1947

Registration District No. 941

Primary Registration District No. 5829

Registrar's No. 22

1. PLACE OF DEATH:

(a) County New Madrid

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County New Madrid

(c) City or town Tallapoosa
(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 _____

3. (a) PRINT FULL NAME Deliah Davidson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race white

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

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

7. Birth date of deceased: August 19, 1968
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>78</u> | <u>11</u> | <u>22</u> | hr. _____ min. _____ |

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Loyce Estes

{ 13. Birthplace Burns Tenn
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth Thompson

{ 15. Birthplace Burns Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Leola Duck

(b) Address Rt 11 Malden

17. (a) Burial (b) Date thereof 8-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownsville Cemetery, Ky.

18. (a) Signature of funeral director Delisle Funeral Parlor
Portageville, Missouri

(b) Address _____

19. (a) 8-10-47 (b) Ellen De Leule
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10th
year 1947 hour 10 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Aug 9, 1947 to _____ 19____;
that I last saw h. or alive on Aug 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death coronary heart disease Duration 1 1/2 yrs

Due to arteriosclerosis 12 yrs

Due to _____

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

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy _____

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 Malden, Mo (M. D. or other) M. D.

Date signed 8/10/47

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

72
0
0

RECEIVED

District Health Office No. 2,

District File Number 847-1155

Date Filed 8-28-47

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

Homer L. Ponder

Licensed Embalmer No.

3367

P. O. Address

Lilbourn, 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.