

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44528

State File No. _____

FILED FEB 14 1948

Registration District No. 270Primary Registration District No. 5960Registrar's No. 41

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Rural--Green Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
years, months or days)In this community 60 years
years, months or days3. (a) PRINT FULL NAME Issac C. Davidson3. (b) If veteran, name war XX 3. (c) Social Security No. XX4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed6. (b) Name of husband or wife Dora Lee Stagner 6. (c) Age of husband or wife if alive XX years7. Birth date of deceased Sept. 17 1860
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
87 2 18 hr. min.9. Birthplace Columbus Ohio
(City, town, or county) (State or foreign country)10. Usual occupation Farmer11. Industry or business Farm12. Name Noah Davidson13. Birthplace Unknown Va.
(City, town, or county) (State or foreign country)14. Maiden name Lucinda Brown15. Birthplace Unknown Va.
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Ruth Duncan(b) Address Weston, Missouri17. (a) Burial (b) Date thereof Dec. 7, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Dearborn Cemetery18. (a) Signature of funeral director Vaughn Funeral Home(b) Address Weston, Missouri19. (a) Dec 13-47 (b) Alpha Rollins
(Date received local registrar) (Registrar's signature) 757

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83
(c) City or town Rural--Marsha Green T.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th
year 1947 hour 5 minute 30A M.21. I hereby certify that I attended the deceased from
Nov. 28 1947 to Dec. 6, 1947, 19____;
that I last saw him alive on Dec. 5, 1947, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage Duration _____Due to Arteriosclerosis

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 83A PHYSICIAN _____

Of autopsy _____ 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 _____

23. Signature R. L. Pelling (M. D. or other) 270Address Weston, Mo Date signed 12/8/47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-13-48

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. R. Saugh

Licensed Embalmer No. 4023

P. O. Address Weston, 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.