S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

9069
State File No.

FILED APR 6 1948
Registration District No. 956
Primary Registration District No. 2001
Registrar's No.

49 2 5

1. PLACE OF DEATH:
(a) County: JASPER
(b) City or town: JOPLIN (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1520½ Main St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: all his life

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JASPER 49
(c) City or town: JOPLIN (If outside city or town limits, write "RURAL") 3
(d) Street No.: 1520½ Main St. (If rural, give location) 5
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: GERALD OSMO DAVIDSON
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Male 0
5. Color or race: Wh. 1
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Sylvia Davidson
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 22 (Day) 1906 (Year)

8. AGE: Years 41 | Months 10 | Days 22 | If less than one day: hr. min.

9. Birthplace: Joplin, Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation: Motion Picture Operator
11. Industry or business: DeRay Theatre

FATHER
12. Name: John Davidson
13. Birthplace: unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name: not known
15. Birthplace: unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Sylvia Davidson
(b) Address: at home
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ozark Memorial
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Mo.
19. (a) 3-18-48 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature) 130

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th year 1948 hour 7:30 minute A.M.

21. I hereby certify that I attended the deceased from ..... 19..., Did not attend that I last saw him alive on ..... 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Gallstones	
Due to: Liver & Portal System	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 46 F	
Of autopsy:	

Coroner's Investigation

PHYSICIAN: Underline the cause of 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? (Specify type of place) 2
While at work (e) Means of injury

23. Signature: D.W. Durkett (Dr. or other) DO
Address: 114 Joplin Date signed: 3/16/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

48-3-261

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.