

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

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5-7 days
(Specify whether _____)

In this community Life
(years, months or days)

3. (a) PRINT FULL NAME Willis Gilpin Davidson

3. (b) If veteran, name war none

3. (c) Social Security No. 496-18-5629

4. Sex m 0 5. Color or race w

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

6. (b) Name of husband or wife Alpha Elmer Davidson

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

7. Birth date of deceased March 17, 1884
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|-----------|----------|-----------|------|----------------------|
| <u>64</u> | <u>0</u> | <u>22</u> | | hr. _____ min. |

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

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____

12. Name W. M. Davidson

13. Birthplace _____ Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Anna Carter

15. Birthplace _____ Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 4-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director Barber Funeral Service

(b) Address Columbia, Mo.

19. (a) 4-10-48 (b) Mrs. R. E. Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Sturgeon Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1948 hour _____ minute _____ p. M.

21. I hereby certify that I attended the deceased from February, 1948, to April 8, 1948;
that I last saw him alive on 8 April, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Secondary Hemorrhage 15 min.
Carcinoma of vocal cord larynx
+ Carcinoma of Tongue

Due to _____

Due to _____

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

Major findings: 45
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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature John J. Madlin (M. D. or other) MD
Address Ellis Fischel Cancer Hospital Date signed 4-8-48

Date Filed APR 19 1948

District File Number

District Health Officer No. 9,

RECEIVED

APR 19 1948

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 *Charles H. Daring*

Licensed Embalmer No. *4132*

P. O. Address *Columbus, Ohio*

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.