No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11548

FILED MAY 10 1948

Registration District No. 22 — Primary Registration District No. 1000 — Registrar's No. 504

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 27 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph (If outside city or town limits, write "RURAL") 1

(d) Street No. 1415 S.25th Street (If rural, give location) 7

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Perl Melvin Davidson

3. (b) If veteran, name war None

3. (c) Social Security No. 493-07-7984

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Fannie Belle Davidson

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased October (Month) 30 (Day) 1873 (Year)

8. AGE: Years 74 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Middletown (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Salesman

11. Industry or business Siegler Enamel Range Co.

FATHER
12. Name William Davidson
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Elizabeth Robinson
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant Mrs. Fannie B. Davidson

(b) Address 1415 S.25th St., St.Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) May 3, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th year 1948 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from March 18 1948 to April 28th 1948 that I last saw him alive on April 28 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease, Decompensated.	
Due to: Arteriosclerosis, general.	
Due to: Broncho-pneumonia - terminal.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93D

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) 0

While at work (e) Means of injury

23. Signature Louis G. Neudorff (M. D. or other) M. D.

Address 875 Charles Street St. Joseph, Mo. Date signed 4/29/48

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

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

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 Albert R. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, 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.