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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 21 1948

Registration District No. 25

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4036

McBee

State File No. 18642

Registrar's No. 21

1. PLACE OF DEATH:

(a) County BATES

(b) City or town RICH HILL MO.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BATES 7

(c) City or town RICH HILL 2
(If outside city or town limits, write "RURAL")

(d) Street No. 205 E. Walnut. 0
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME BENJAMIN WILSON DAVIDSON

3. (b) If veteran, name war

3. (c) Social Security No. —

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife ESTELLA DAVIDSON

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased JAN (Month) 14 (Day) 1869 (Year)

8. AGE: Years 79 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Ballard (City, town, or county) MO. (State or foreign country) 0

10. Usual occupation RETIRED FARMER

11. Industry or business

FATHER
12. Name FRANCIS DAVIDSON
13. Birthplace KY. (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Sophia Carpenter
15. Birthplace KY (City, town, or county) (State or foreign country) 1

16. (a) Informant MIS DAVIDSON
(b) Address RICH HILL MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 8 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Crocons Hill-Adrain Mo

18. (a) Signature of funeral director Booths
(b) Address RICH HILL MO.

19. (a) 6-8-1948 (Date received local registrar) (b) Mis Edna Douglass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 6
year 1948 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from October 15th, 1947, to June 6th, 1948; that I last saw him alive on June 6th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to Coronary Occlusion

Due to Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94W

Of autopsy

Duration

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 2

23. Signature T. R. McBee (M. D. or other) D.O.

Address Erke Bldg Rich Hill MO. Date signed 6-8-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 5-48-648
Date Filed ~~6-18-48~~ 6-18-4

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.