No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 25 1948

Registration District No. 19

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 25713

Registrar's No. 3729

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 days (Specify whether years, months or days)
In this community: 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson
(c) City or town: K.C. (If outside city or town limits, write "RURAL")
(d) Street No.: 300 East Armour. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: JOSEPH REIS DAVIDSON
3. (b) If veteran, name war: no
3. (c) Social Security No. 486-03-1259
4. Sex: M. D.
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Elizabeth Davidson
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: July 11 (Month) (Day) 1889 (Year)

8. AGE: Years 59 | Months 2 | Days 0 | If less than one day ... hr. ... min.

9. Birthplace: K.C. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Optical Mfg.
11. Industry or business:
FATHER 12. Name: Gustav Davidson
13. Birthplace: Poland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Rachel Reis
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: J.K. Davidson
(b) Address: 3024 Troost Av.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/13/48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Mt. Moriah Cem
18. (a) Signature of funeral director: Carroll Davidson
(b) Address: 3024 Troost Av.
19. (a) 9-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11 year 1948 hour about 3 AM minute ... M.
21. I hereby certify that I attended the deceased from Sept 4, 1948 to Sept 11, 1948 that I last saw him alive on Sept 11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage from a duodenal ulcer

Due to:

Due to:

Other conditions (include pregnancy within 3 months of death): N K

Major findings:
Of operations:

Of autopsy:

Duration

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)
While at work? (e) Means of injury: 0

23. Signature: Delos O Williams (M. D.)
Address: 806 Prof Bldg Date signed: 9/12/48

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 Kathryn E. Davidson

Licensed Embalmer No. 3648

P. O. Address K. C. 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.