

No. 2
12-45
17-39
X47070

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

FILED OCT 20 1948

Registration District No. 243

Primary Registration District No. 4363

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

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

In this community Life years, months or days

3. (a) PRINT FULL NAME Levi Noah Davidson

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Nancie Davidson

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

7. Birth date of deceased December 13 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 9 12 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Cyrus Davidson

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

14. Maiden name Tabitha Howell

15. Birthplace Tenn.
(City, town, or County) (State or foreign country)

16. (b) Informant Vernie Davidson

(b) Address Fairview, Mo.

17. (a) Burial (b) Date thereof 9-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dice Cem. Fairview

18. (a) Signature of funeral director Wm. Missis O'gare

(b) Address Wheaton, Mo.

19. (a) 10-14-48 (b) Alpha Dyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Fairview, Mo.
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25
year 1948 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept-24-48
_____ 19____ to Sept-25- 1948;
that I last saw him alive on Sept-25- 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Prostate Duration 1 7/8

Due to _____

Due to _____

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

Major findings: _____

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? MO.

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature O. S. McCall (M. D. or other) _____
Address Whalton Mo. Date signed 9/27/48

RECEIVED
Houston Co. Health Officer No. 1048-396
District Health Officer
District File Number
Date filed Oct. 18, 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 Wm. Morris Coyle
Licensed Embalmer No. 3842
P. O. Address Wheatland, 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.