

No. 300  
1-10-47  
5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED OCT 16 1948**

UNITED STATES DEPARTMENT OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **33794**

Registration District No. **296**

Primary Registration District No. **4444**

Registrar's No. **14**

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

**1. PLACE OF DEATH:**  
(a) County Ray  
(b) City or town Camden  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 54 years  
(years, months or days)

**3. (a) PRINT FULL NAME** Myrtle Lee Davidson  
**3. (b) If veteran,** \_\_\_\_\_ **3. (c) Social Security No.** \_\_\_\_\_  
name war \_\_\_\_\_

**4. Sex** F **5. Color or race** W  
**6. (a) Single, widowed, married, divorced** m  
**6. (b) Name of husband or wife** Henry Davidson  
**6. (c) Age of husband or wife if alive** 60 years  
**7. Birth date of deceased** March 24 1894  
(Month) (Day) (Year)

**8. AGE:**  
Years 54 Months 4 Days 21  
If less than one day 2 hr. \_\_\_\_\_ min.

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

**10. Usual occupation** Housewife

**11. Industry or business** \_\_\_\_\_

**12. Name** John W Van Meter  
**13. Birthplace** Ray County Mo. D  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Fannie Hardin  
**15. Birthplace** Ray County Mo. D  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Henry Davidson  
**(b) Address** Camden, Mo.

**17. (a) Burial** \_\_\_\_\_ **(b) Date thereof** Aug 17, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Sunny Slope, Richmond

**18. (a) Signature of funeral director** Thomas J. Carter  
**(b) Address** Richmond, Mo.

**19. (a) Aug-17-48** **(b) Helen J. Carter**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo. (b) County Ray  
(c) City or town Camden  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
- If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month 15 day August  
year 1948 hour 3 minute 25 PM  
**21. I hereby certify that I attended the deceased from**  
July 12, 1948, to Aug 15, 1948;  
that I last saw her alive on Aug 15, 1948;  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Carcinoma of Pancreas  
+ liver  
**Duration** 5 mo

**Due to** \_\_\_\_\_  
**Due to** \_\_\_\_\_

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:**  
**Of operations** 46  
**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?** \_\_\_\_\_

**While at work?** \_\_\_\_\_  
(Specify type of place) (c) Means of injury \_\_\_\_\_

**23. Signature** Dr. E. G. Rerum **(b) H. D. O.**  
**Address** Richmond, Mo. **Date** Aug 16, 48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-15-48

---

---

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 Thomas J Carter  
Licensed Embalmer No. 4474  
P. O. Address Richmond, 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.