

No. 300  
M-10-47  
7-5-17-39  
I 3906

FILED NOV 23 1948

Registration District No. 57

Primary Registration District No. 4097

State File No. \_\_\_\_\_  
Registrar's No. 205-

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

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution:  
602 E. Chestnut 1  
(If not in hospital or institution, write street number or location)

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

In this community 23 yr.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19

(c) City or town Harrisonville  
(If outside city or town limits, write "RURAL")

(d) Street No. 602 E. Chestnut  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY ELIZABETH DAVIDSON

3. (b) If veteran, name war

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13  
year 1948 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from June 5, 1944, to Nov. 13, 1948;  
that I last saw her alive on Nov. 13, 1948;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Colored

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Dec 23 1874  
(Month) (Day) (Year)

Immediate cause of death Chromatid Arthritis

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

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

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

8. AGE: Years 73 Months 10 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation school teacher

11. Industry or business Retired

12. Name James Davidson

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

14. Maiden name Nancy Wilson

15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Wenne Davidson

(b) Address Harrisonville Mo

17. (a) Burial (b) Date thereof Nov 27-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orient Cemetery

18. (a) Signature of funeral director RENNENBURGER'S

(b) Address HARRISONVILLE MO.

19. (a) Nov. 19-1948 (b) Laura J. Jones  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(2) Means of injury \_\_\_\_\_

23. Signature J. S. Triplett M.D. (M. D. or other MD)  
Address Harrisonville Mo. Date signed 11-16-48

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**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 \_\_\_\_\_

*Ernest R. Remmenburg*

Licensed Embalmer No. \_\_\_\_\_

*3368*

P. O. Address \_\_\_\_\_

*Harrisonville*

**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.**