

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18834

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> c. LENGTH OF STAY (in this place) <u>4 1/2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>34 North Park</u>		d. STREET ADDRESS (If rural, give location) <u>34 North Park</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>F.</u> c. (Last) <u>DAVIDSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 26, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 26, 1878</u>	9. AGE (In years last birthday) <u>71</u> Months <u>0</u> Days <u>0</u>	IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mail Carrier</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Government</u>	11. BIRTHPLACE (State or foreign country) <u>Wayne County, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Robert F. Davidson</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Gilliam</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Etta Davidson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. W. O. Rasch</u> ADDRESS <u>Bonne Terra, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Attacks</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>1949</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. *AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau, Mo. Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 - 26 49. 52</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. R. Drickey</u>	23b. ADDRESS <u>Covered 4-8 Pacific St Cape Gir</u>	23c. DATE SIGNED <u>6-27-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 28, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Lorimer Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-27-1949</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	44	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walthers Funeral Home - Cape Gir. Mo.</u> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-5-49

Health Officer No. 4

File Number 749-86

Filed

OCT 8 1950

AUG 1949

DEC 11 1950

STATE OF MISSISSIPPI
DEPT. OF HEALTH
BUREAU OF HEALTH
3701 P.O. BLDG.

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

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed *William Lee Townes*

Licensed Embalmer No. 4410

P. O. Address *Cape Girardeau*

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.