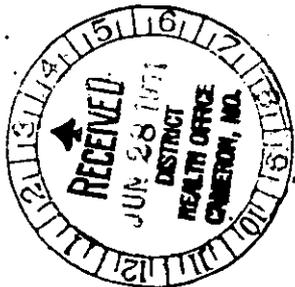


BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Andrew</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Andrew</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAVANNAH</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAVANNAH</u> <u>1020</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Franklin</u> c. (Last) <u>DAVISON</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-18-1951</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>JAN 19-1870</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | 9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>81 4 19</u> |
| 13a. FATHER'S NAME <u>Allen DAVISON</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Snow</u> | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> |
| 14. NAME OF HUSBAND OR WIFE <u>AMANDA DAVISON</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Robert Eugene Davison Savannah Mo</u> ADDRESS _____ | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 Day</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbidity 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. | | | |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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>331X</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ | |
| 22. I hereby certify that I attended the deceased from <u>June 14, 1951</u> to <u>June 16, 1951</u> , that I last saw the deceased alive on <u>June 16, 1951</u> , and that death occurred at <u>9:25 AM</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>M. S. Kelliday M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Lecoma Mo</u> | 23c. DATE SIGNED <u>6/18-51</u> |
| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>6-20-1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u> | 24d. LOCATION (City, town, or county) (State) <u>SAVANNAH MO</u> |
| DATE REC'D BY LOCAL REG. <u>6-19-51</u> | REGISTRAR'S SIGNATURE <u>Lillian Park</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Breit Funeral Home Savannah Mo</u> | |

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

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971 9 707

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah ms

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.