

FILED DEC 15 1943

Registration District No. ....

Primary Registration District No. 3002

State File No. ....

Registrar's No. 154

1. PLACE OF DEATH:

(a) County Audrain Mo  
(b) City or town Mexico Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Audrain County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days 0  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. North-east of Farber Mo  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM HENRY DAVIDSON.

3. (b) If veteran, No name war ..... 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Margaret Davidson 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb 27 1873  
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 30 If less than one day  
..... hr. .... min.

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

10. Usual occupation Farming

11. Industry or business " " " "

12. Name Jame I Davidson

13. Birthplace Not known

14. Maiden name Annie Elizabeth Davidson

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

16. (a) Informant Mrs W.H. Davidson

(b) Address Farber Mo 17-19

17. (a) burial (b) Date thereof Nov 1  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Ladsonia Mo

18. (a) Signature of funeral director J.G. Kransner

(b) Address Ladsonia Mo

19. (a) 11/15/43 (b) Margaret H. Machin  
(Date received from registrar) (Registrar's signature)

MOTHER FATHER

1074

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15  
year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from  
Nov 12 1943 to Nov 15 1943  
that I last saw him alive on Nov 15 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Nephritis Myocarditis

Due to Atherosclerosis

Due to .....

Other conditions (Include pregnancy within 3 months of death) 131a

Major findings: Of operations .....

Of autopsy .....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) 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) (e) Means of injury 0

23. Signature Frank Galley (M. D. or other) MD

Address Mexico Mo Date signed 11/15/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

District Health Officer No. 10

District File Number 12-43-1946

DEC 13 1943

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.....

*H. G. Granger*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*H. G. Granger*

Licensed Embalmer No.....

*71297*

P. O. Address.....

*Paddonia, 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.