

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1379
 Do not use this space.

REC'D FEB 20 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township 1st Primary Registration District No. 1092 Registered No. 392
 (c) City Jamestown (d) Street No. St. Luke's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Norman Ross Davidson
 (a) Residence, No. 4136 Tracy St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Mae Davidson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 1 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Superintendent wire city telephone
 9. Industry or business in which work was done, as saw mill, bank, etc. Telegraph Co.
 10. Date deceased last worked at this occupation (month and year) JAN. 1939 11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merara Springs Mo.

FATHER 13. NAME P. J. Davidson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leppin Mo.

MOTHER 15. MAIDEN NAME Elvira Hughes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo.

17. INFORMANT (ADDRESS) Mrs. Ethel Mae Davidson 4136 Tracy

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan 30 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. N. Mulcomerson 8 N. Humboldt & Pine

20. FILE NO. Jan 30, 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28 1939

22. HEREBY CERTIFY, That I attended deceased from Jan 27, 1939, to Jan 28, 1939
 I last saw him alive on Jan 27, 1939. Death is said to have occurred on the date stated above, at 6:55 A.M.

The principal cause of death and related causes of importance were as follows:

Aortic Stenosis & Mitral Stenosis
 Other contributory causes of importance: 92%

Name of operation Autopsy Date of Jan 28
 What test confirmed diagnosis? Autopsy as there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify J.P. Rayburn, M. D.
 (Address) 1116 P. of Redg. K.P. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Lawrence Carr

Licensed Embalmer No. *4031*

P. O. Address.....

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, above space should be left blank.