

REC'D APR 19 1939

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

11375
Do not use this space.

1. PLACE OF DEATH *Lawrence 2*

(a) County *Lawrence* Registration District No. *470*

(b) Township *McVernon 1* Primary Registration District No. *5633*

(c) City *McVernon* (d) Street No. *31* St.

(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 *Benjamin Franklin Davidson*

(a) Residence, No. *McVernon 2nd* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF *Maggie Davidson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *8-28-1873*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *65 4 13*

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *R.P. workman*

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Granby Mo*

FATHER 13. NAME *John Davidson* 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know* 9

MOTHER 15. MAIDEN NAME *Don't know* 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT (ADDRESS) *C.A. Dentinger, Lawrence City Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Clear Creek Cemetery* DATE *2-3-7-1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Barry Co. Mo. Gentry Co. Mo.*

20. FILED *March 7, 1939 P.A. Holmes* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 6 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 5 1937*, to *March 6 1939*

I last saw him alive on *March 3 1939*. Death is said to have occurred on the date stated above, at *6 P.M.*

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

Arterio sclerosis Date of onset *unknown*

94 W

Other contributory causes of importance: *Angina Pectoris sudden*

pectoris

Name of operation *Chord* Date of *20*

What test confirmed diagnosis? *Chord* Was there an autopsy? *no*

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 *Chord*

Nature of injury *Chord*

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify *no*

(Signed) *P.A. Holmes* M. D. (Address) *McVernon 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-741

Date Filed APR 6 1939

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.....

Licensed Embalmer No.....

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.