

REC'D AUG 17 1939

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

25896
Do not use this space.

1. PLACE OF DEATH

(a) County Lapeer Registration District No. 4 11
(b) Township Salina Primary Registration District No. 2002 Registered No.
(c) City Joplin (d) Street No. Freeman 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

Mr. Clarence B. Davidson
(a) Residence, No. Rocky Comfort, Mo. St. Rocky Comfort, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Jennie Davidson
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-18-1882
8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
57 07 3 27

9. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
10. Industry or business in which work was done, as saw mill, bank, etc.
11. Date deceased last worked at this occupation (month and year) 2 yrs. 11. Total time (years) spent in this occupation 16 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) James Laven, Kentucky

13. NAME Martin Davidson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) James Laven, Kentucky

15. MAIDEN NAME Lizzie Carnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) James Laven, Kentucky

17. INFORMANT (ADDRESS) Mrs. Jennie Davidson, Rocky Comfort, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cassville, Mo. DATE 7-17-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Boon Funeral Home, Cassville, Mo.

20. FILED 7-15-39 Ed J. ... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 23, 1939, to July 15, 1939
I last saw him alive on July 14, 1939. Death is said to have occurred on the date stated above, at 6:52 a.m.
The principal cause of death and related causes of importance were as follows:

Myocardial failure

Date of onset 5-1-39

Other contributory causes of importance? 1) Malignant type hypertension, 1937?

2) Interstitial glomerular nephritis
3) Prostatic hypertrophy 5-1-39

Name of operation Nil Date of X

What test confirmed diagnosis? ECG Was there an autopsy? Nil

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? Nil
If so, specify _____

(Signed) C. J. ... M. D.

(Address) 725 Frank Bldg., Joplin, 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 839-1641

Date Filed AUG 10 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.....

Eugen Wood....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Eugen Wood.....

Licensed Embalmer No. 3804

P. O. Address..... Cassville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.