

2  
3-40  
-39  
(23159)

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10905

State File No. ....

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 79

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1404 South Main Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 52 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell <sup>13</sup>

(c) City or town Polo <sup>0</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. ....  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Mr. James M. Davidson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th  
year 1941 hour 3 minute 55 P. A. M.

3. (b) If veteran, name war No

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 Mrs. Susan A. Davidson

6. (c) Age of husband or wife if alive 10 years (Day) (Year)

7. Birth date of deceased August (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 16, 1941, to March 19, 1941, that I last saw him alive on March 19, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia <sup>Duration 5 days</sup>

8. AGE: Years 83 Months 7 Days 9 If less than one day hr. min.

Due to Influenza <sup>14 days</sup>

Due to 77

9. Birthplace Shippensburg Pennsylvania  
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business Building

12. Name William Davidson

13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Barnhart

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

16. (a) Informant Mrs. Susan A. Davidson

(b) Address 116 East Elm Street

17. (a) Burial (b) Date thereof Mar. 21, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director D. V. Newcomer's Son

(b) Address Kansas City, Missouri

19. (a) March 21, 1941 (b) F. L. Cook M. D.  
(Date received local registrar) (Registrar's signature)

Other conditions 77  
(Include pregnancy within 3 months of death)

Major findings:  Of operations

Of autopsy

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

(a) Accident, suicide, or homicide (specify) 77

(b) Date of occurrence 77

(c) Where did injury occur? 77  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 360

While at work?  (Specify type of place) (e) Means of injury 77

23. Signature J. B. Neekerson (M. D. 0)

Address Independence Mo. Date signed March 11-41

Louisian 0024

Independence, Missouri  
11:30-12: 3:30-5-

**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.....

*C. Hervey Pursche*

Licensed Embalmer No.....

4070

P. O. Address.....

*B. C. Mo*

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

**If this body is not embalmed, fact should be so stated above.**