

Registration District No. 89

Primary Registration District No. 513HA

Registrar's No. 176

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.

(b) County Butler 12

(c) City or town Rural Ash Hill  
(If outside city or town limits, write "RURAL")

(d) Street No. 30 mi South of mi West Fisk  
(If rural, give location)

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

3. (a) PRINT FULL NAME Adelia Davidson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 17  
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr 15  
1941, to Apr 18 1941;  
that I last saw her alive on Apr 16 1941;  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife George W. Davidson

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov 23 1865  
(Month) (Day) (Year)

Immediate cause of death Traumatic Pneumonia

Duration 4 days

8. AGE: Years 75 Months 4 Days 24  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Broken rib

9. Birthplace Pulaski County Ill  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation House wife

Other conditions 10 11 10  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name: John White

13. Birthplace Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant George W. Davidson

(b) Address Fisk Mo.

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

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

(b) Date of occurrence About Mar 10 - 1941

17. (a) Burial (b) Date thereof 4-18-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? NEAR FISK Butler Co Mo.  
(City or town) (County) (State)

(c) Place: burial or cremation Ash Hill

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
off at home - in House

18. (a) Signature of funeral director Marshall Shaw

(b) Address Fisk Mo

While at work? No (Specify type of place)

(e) Means of injury Got up during night and fell - Break ing Rib

19. (a) 4/18/41 (b) Rate Lutz  
(Date received local registrar) (Registrar's signature)

23. Signature R. J. Farley (M. D. or other) ing Rib

Address Fisk Date signed Apr 18 1941

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

2000

RECEIVED

District Health Officer No. 21

District File Number 54-634

Date Filed 5/14/46

SW

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**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.**