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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25888**
Registrar's No. **38 36**

FILED AUG 16 1941

Registration District No. **701**

Primary Registration District No. **5930**

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

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Rural, Marion; Turis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME ORA DAVISON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white

6. (a) Single, widowed, married 1 divorced married

6. (b) Name of husband or wife Ira 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased August 2, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>11</u>	<u>27</u>	hr. min.

9. Birthplace Hallway (City, town, or county) (State or foreign country) Mo

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER

12. Name George J. Davison

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

14. Maiden name Mary Burns

15. Birthplace Pennesse (City, town, or county) (State or foreign country) 1

16. (a) Informant Ira Davison

(b) Address Polk, Missouri

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof July 31-41
(Month) (Day) (Year)

(c) Place: burial or cremation Hallway Mo.

18. (a) Signature of funeral director W. H. Stephens & Co.

(b) Polk, Missouri

19. (a) 31- (b) J. J. Roberts (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Bolivar Mo
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1941 hour 8 minute 30-0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Was found dead in bed
by wife

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence _____

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

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

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

23. Signature Carl Pitts (M. D. or other) Coroner?

Address Bolivar Mo. Date signed _____

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1323

Date Filed 8-14-41

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 Frank Grable Jr.

Licensed Embalmer No. 4190

P. O. Address Baliviar, 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.