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7-39  
X26390

State File No. \_\_\_\_\_

THIRD: May 15 1941  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6176

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Warren, Charlotte, Tenn

(b) City or town Marthosville, Tenn  
(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 \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO County Warren 109

(b) City or town Marthosville MO  
(If outside city or town limits, write "RURAL")

(c) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_

(d) Citizen of foreign country? no (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME (no name) DAVIDS 817

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27  
year 1941 hour 2:00 minute 00 M.

21. I hereby certify that I attended the deceased from June 26  
1941, to June 27 1941  
that I last saw him alive on June 26 1941  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 26 1941  
(Month) (Day) (Year)

Immediate cause of death Premature Birth  
8 month gestat. 6 lbs

Due to trouble at birth

Due to and asphyxia

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 If less than one day 6 hr. \_\_\_\_\_ min.

9. Birthplace Marthosville MO  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

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

12. Name George Davidson

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

14. Maiden name Maebel Martin  
near Kansas City Orms

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

16. (a) Informant Mrs Davidson

(b) Address Marthosville MO

17. (a) Buried (b) Date thereof June 27/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Halston MO

18. (a) Signature of funeral director Fred W. Hightower

(b) Address Marthosville MO

19. (a) June 27/41 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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) (b) Means of injury \_\_\_\_\_

23. Signature J. L. Johnson (M. D. or other) \_\_\_\_\_  
Address Marthosville Date signed 5/37/41

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

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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, fact should be so stated above.**