

DEC 31 1941 26

Primary Registration District No. 3002

Registrar's No. 185

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
809 S. Union St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 809 S. Union St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th
year 1941 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov. 4,
1941 to Nov. 13 1941
that I last saw him alive on Nov 12th. 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Inferential of old age
Duration _____

Due to _____
Due to _____

Other conditions Carcinoma of throat
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy H&E
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 3
23. Signature John A. Owens (M.D. or other) DO
Address Mexico Mo. Date signed 11-14-41

3. (a) PRINT FULL NAME Calup Collier Davidson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Eugenia Davidson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 4, 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 11 9 hr. _____ min.

9. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Jim Davidson

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

14. Maiden name Sarah Jane Stone

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

16. (a) Informant Cles C. Davidson

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Nov 15 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, MO.

18. (a) Signature of funeral director E. T. Pugh
(b) Address Mexico, Mo.

19. (a) Nov 14 41 (b) Blanche Keely
(Date received local registrar) (Registrar's signature)

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

4
1
2

RECEIVED

District Health Officer No. 10

District File Number 12-41-2273

Date Filed DEC. 23 1941

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.....

..... Earl E. Precht, Registered Apprentice No.....
working under my personal supervision.

Signed..... Earl E. Precht

Licensed Embalmer No. 3189.....

P. O. Address Mexico, Mo......

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.