

FILED SEP 11 1942

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Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 325

19  
2  
5

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

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 days  
In this community 17 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee  
(c) City or town Baxter Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. 335 West 11th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Carrie Josephine Davidson

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

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Cyrus Paulman Davidson 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased March 19, 1885  
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Newton Co. Mo. (near Sarcovie)  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Joseph Franklin Wallhager  
13. Birthplace Wittenburg Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Agatha Knesel  
15. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

16. (a) Informant Cyrus Paulman Davison

(b) Address 335 W. 11th Baxter Springs

17. (a) Burial (b) Date thereof 7-5-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcovie

18. (a) Signature of funeral director W. J. ...

(b) Address Paris City Mo.

19. (a) 8-4-42 (b) Detwold ...  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August Day 3  
year 1942 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from July 27 to August 3 1942  
that I last saw him alive on July 27 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia following 7 day surgery

Due to Infection of Pelvis

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

Major findings: General Pelvic Infection  
Of autopsy: \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) no  
(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? \_\_\_\_\_

23. Signature W. J. ... (M. D. or other) \_\_\_\_\_  
Date signed 7/4/42

Duration  
Underline the cause to which death should be charged statistically.

42-8-718

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.....

*me*

Registered Apprentice No.....

working under my personal supervision.

Signed *Victor O. Heiney*

Licensed Embalmer No. *3827*

P. O. Address *Perse City*

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27403  
Registrar's No. 320-

Registration District No. 156

Primary Registration District No. 2006

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St John  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 days  
(Specify whether  
In this community 17 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....  
(c) City or town.....  
(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.....

3. (a) PRINT FULL NAME Carrie J Davidson  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Mar 19 1885  
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days no If less than one day min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....  
(City, town, or county) (State or foreign country)

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b).....  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Day..... Year..... Hour..... Minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....  
that I have seen him/her live on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death General Sarcinoma following surgery Pelvis  
Due to Infection Pelvis Duration 7 days

Due to Unk Duration 24  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: General Pelvis Infection  
Of operations.....  
Of autopsy.....

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 [Signature] (M. D. or other)?.....

Address..... Date signed.....

SUPPLEMENTARY

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

MOTHER FATHER

