

REC'D APR 14 1943

Registration District No. 236

Primary Registration District No. 4351

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Morgan

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

(c) Name of hospital or institution:  
none  
(If not in hospital or institution, write street number or location)

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

In this community 62 yrs (Specify whether \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan

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

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

(e) Citizen of foreign country? Morgan County (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOUIS DAVIDSON

3. (b) If veteran, name war none

3. (c) Social Security No. 494-14-6417

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17  
year 1943 hour 4:00 minute \_\_\_\_\_ M.

4. Sex Male

5. Color of race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased unknown 1899  
(Month) (Day) (Year)

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

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>?</u>	<u>?</u>	_____ hr. _____ min.

Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_

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

10. Usual occupation LABORER

Due to NONE

Due to NONE

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

MOTHER FATHER {

12. Name ROBERT - DAVIDSON

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

14. Maiden name LUCY - MILLER

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

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

Major findings: Of operations NONE

Of autopsy No

16. (a) Informant MRS. T. H. McMillian

(b) Address Olson Mo

17. (a) Burial (b) Date thereof 4-19-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Rock, Cass, Mo

18. (a) Signature of funeral director Keith M. Ray

(b) Address Eldon Mo

19. (a) 3/18/43 (b) Ray Parkstrewer  
(Date received local registrar) (Registrar's signature)

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 March 17, 1943

(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? \_\_\_\_\_

What work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature L. E. Buchanan (Print name)  
Address VERSAILES, Mo Date signed 3-17-43

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

7100

RECEIVED

District Health Officer No. 7,60

District File Number ~~3-43-28~~

Date Filed ~~4-8-43~~  
Date Filed

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 *Keith M. Kaye*  
Licensed Embalmer No. *3998*  
P. O. Address *Eldon 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.