S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40969

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 288

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St. Marys
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks (Specify whether
In this community 6 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Mary Lucy E. Davidson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Marion

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

7. Birth date of deceased March (Month) 7 (Day) 1872 (Year)

8. AGE: Years 72 Months 9 Days 5 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business At Home

FATHER
12. Name James Davidson
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Jane Biddle
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lewey Young

(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant

18. (a) Signature of funeral director Tanner Service

(b) Address 700 Jefferson

19. (a) 12-13-44 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 A
year 1944 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from Nov 3, 1944 to Dec 12, 1944
that I last saw her alive on Dec 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated Heart

Due to Arterio sclerosis

Due to 0

95C

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Intestinal obstruction
Fecal fistula
Of autopsy Post operative

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? (Specify type of place)

While at work? (e) Means of injury —

23. Signature J. G. Bruce (M. D. or other) MD

Address Jefferson City Date signed 12/13/44

(Licensed Embalmer's Statement on Reverse Side)

202
15/44

Burn

DEC 15 1930

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. 3641

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.