. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36135

FILED NOV 29 1945

Registration District No. 1 Primary Registration District No. 1002 Registrar's No. 4592

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kan Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass 19
(c) City or town Pleasant Hill 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME THOMAS ~~BRACKSTON~~ BRAXTON DAVIDSON
3. (b) If veteran, name war ✓ no
3. (c) Social Security No. ✓ none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 5
6. (b) Name of husband or wife Mary Davidson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 3 (Day) 1869 (Year)

8. AGE: Years 75 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Cass Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation farmer - retired
11. Industry or business
FATHER
12. Name Thos. Braxton Davidson
13. Birthplace (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Armenta Jane Williamson
15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs. D. A. Ragsdale
(b) Address 4429 Belleview Kc Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov 8 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Freeman Mo
18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO.
19. (a) 11-7-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1945 hour 7:12 minute P M.
21. I hereby certify that I attended the deceased from Nov, 1945, to Nov 6, 1945
that I last saw him alive on Nov 5 - 45 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Acute Glomerulonephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 130	
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?
(Specify type of place)
While at work? (e) Means of injury 2
23. Signature J. L. Hancock (M. D. or other) DO
Address Pleasant Hill Mo Date signed 11-7-45

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest Rannenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.