

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 252

1. PLACE OF DEATH:
 (a) County Randolph
 (b) City or town Proberly
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 4 Days
(Specify whether years, months or days)
 In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Proberly
(If outside city or town limits, write "RURAL")
 (d) Street No. 308 Woodland
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARGARET DAVIDSON
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 4
 year 1947 hour 1 minute 00 P.M.
 21. I hereby certify that I attended the deceased from Nov. 4 1947
 that I last saw her alive on Nov. 4 1947
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Henry Jason Davidson
 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased July - 31 - 1867
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
 Duration _____

8. AGE: Years 80 Month 3 Days 4
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

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

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation Housewife

Major findings: Of operations 83A

11. Industry or business _____

Of autopsy _____

12. Name Edward Hewitt

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

14. Maiden name Mary Jane Hill

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

16. (a) Informant H. J. Davidson
 (b) Address 308 Woodland Proberly Mo.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Nov - 4 - 47
(Month) (Day) (Year)

(c) Place: burial or cremation Proberly Mo.

18. (a) Signature of funeral director Wm. General Hane
 (b) Address Proberly Mo.

19. (a) Nov 6 - 47
(Date received local registrar) (b) Paul William Lane
(Registrar's signature)

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) No.
 Address Proberly Mo. Date signed 11-6-47

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

NOV 19 1947

RECEIVED
District Health Officer No. 10
District File Number 11-47-154
Date Filed NOV-1-1-1947

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.....

C. L. Hutton, Registered Apprentice No. 10

working under my personal supervision.

Signed *R. M. Carter*

Licensed Embalmer No. 4117

P. O. Address *Proberly 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.