S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43954

Registration District No. 340 Primary Registration District No. 4503 Registrar's No. 2

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Stoddard
(c) City or town Bernie 103
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME JANIS SUE DAVIDSON
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced (infant)
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov. (Month) 12 (Day) 1947 (Year)

8. AGE: Years | Months 1 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Bernie (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation .....
11. Industry or business .....
FATHER
12. Name Clarence Davidson
13. Birthplace Dexter (City, town, or county) Mo. (State or foreign country) 0
MOTHER
14. Maiden name Jesalin Biddle
15. Birthplace Bernie (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Mrs. Clarence Davidson
(b) Address Bernie, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bernie Cemetary
18. (a) Signature of funeral director John E. Drum
(b) Address Bernie Missouri
19. (a) 1-9-48 (Date received local registrar) (b) Lottie Jeffress (Registrar's signature) 2 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20th year 1947 hour 7 minute A M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death investigation shows that death must have been caused from some form of heart trouble.
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

95C

PHYSICIAN
Underline the cause of 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) 3
While at work? ..... (e) Means of injury .....
23. Signature C. Crane, (M. D. or other) Cor.
Address Dexter, Mo. Date signed 12-20-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 148-63
Date Filed 1-12-48

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 Body not embalmed Registered Apprentice No., working under my personal supervision.

Signed Robert E. Lyons

Licensed Embalmer No. Funeral Director

P. O. Address Bernie 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.