

S. No. 2.
M-5-43
5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

376
State File No. _____
Registrar's No. 3

Registration District No. 43 Primary Registration District No. 5135

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Fisk - Rural
(c) Name of hospital or institution: ASH HILL TWP
(d) Length of stay: _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Butler
(c) City or town Fisk - Rural
(d) Street No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME George W. Davidson
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN day 1
year 1948 hour 2 minute _____ P.M.
21. I hereby certify that I attended the deceased from Sept
1947 to JAN 1, 1948
that I last saw him alive on JAN 1, 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Adelia White
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased March 23 1890
(Month) (Day) (Year)

Immediate cause of death Decomposited
Heart failure
Due to _____

8. AGE: Years Months Days If less than one day
77 9 8 hr. min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations: _____
Of autopsy: _____

9. Birthplace Fisk Mo.
10. Usual occupation Farmer

11. Industry or business _____
12. Name Thomas J. Davidson
13. Birthplace Mo.
14. Maiden name Unknown
15. Birthplace Unknown

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? _____
(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 _____

16. (a) Informant Willie Dea Davidson
(b) Address Fisk Mo. R. 1 Box 14
17. (a) Burial (b) Date thereof 1-3-48
(c) Place: burial or cremation Ash Hill Cemetery
18. (a) Signature of funeral director Alvin Russell
(b) Address _____
19. (a) 1-12-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature]
Address Fisk Mo. Date signed 1/1/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 148-82

Date Filed 1-19-48

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Lloyd Lucee

Licensed Embalmer No. 509 Ark.

P. O. Address Piggott Ark.

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.