FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 1 1948

Registration District No. 122

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 4502

Registrar's No. 122

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

1. PLACE OF DEATH:

(a) County: Greene

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

(c) Name of hospital or institution: Burge 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: 30 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

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

(d) Street No. 1701 E. Chesnut (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Laura Belle Davidson

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Waldo

6. (c) Age of husband or wife if alive: 84 years

7. Birth date of deceased: May (Month) 19 (Day) 1871 (Year)

8. AGE: Years 76 ~~74~~ Months 8 Days 17 ~~21~~ If less than one day: hr. min.

9. Birthplace: Unk. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Housewife

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

MOTHER
14. Maiden name: Julinda Garrison
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: James R. Davidson
(b) Address: Ontario Cal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2 8 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn

18. (a) Signature of funeral director: J. W. Klingner & Co.
(b) Address: Springfield Mo.

19. (a) 2-8-48 (Date received local registrar) (b) W. E. Hardley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6 year 1948 hour 12: minute 15 A. M.

21. I hereby certify that I attended the deceased from 1-30-48, 19..., to 2-6-48, 19..., that I last saw h. alive on 2-6-48, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Auricular fibrillation with myocardial infarction — Duration: 8 da

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): Old Fract at hip

Major findings:
Of operations: —
Of autopsy: — 95%

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)

While at work? (e) Means of injury:

23. Signature: M. B. Gentry (M. D.)

Address: Springfield Mo. Date signed: 2-7-48

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield.

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.