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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9670

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 79

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1423 East Broadway /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community six years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL") 11
(d) Street No. 1423 East Broadway 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ruth M Carey Davidson
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Chester L. Davidson
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased December 18, 1921 (Month) (Day) (Year)
8. AGE: Years 26 Months 2 Days 21 If less than one day hr. min.
9. Birthplace Holden, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business ******
MOTHER FATHER
12. Name Claude Carey
13. Birthplace Holden, Missouri 0 (City, town, or county) (State or foreign country)
14. Maiden name Carey Mathews
15. Birthplace Centerview, Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Chester L. Davidson (husband)
(b) Address 1423 East Broadway, Sedalia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Duane Ewing
(b) Address Sedalia, Missouri
19. (a) 3/12/48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy
(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10, year 1948 hour 9:00 minute P. M.
21. I hereby certify that I attended the deceased from 4-20-, 1946, to 3-10-, 1948 that I last saw h. alive on 3-7, 1948; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Hodgkins Disease
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 44B
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

23. Signature J. M. Rodeman (M. D.) MD
Address Sedalia Mo Date signed 3-11-48

RECEIVED
District Health Officer No. 8.
District File Number
Date Filed 3-24-48

MAY 25 1948

Dr. Rodeman

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.