S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12526

FILED APR 17 1948

Registration District No. 949

Primary Registration District No. 1002

Registrar's No. 1467

48
3
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
807 West 23rd Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 807 West 23rd Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Ellsworth Jerome Davidson

3. (b) If veteran, name war None

3. (c) Social Security No. 492-14-4153

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Edna C. Davidson

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July (Month) 29 (Day) 1890 (Year)

8. AGE: Years 57 Months 8 Days ~~4~~ 3 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Jerome Davidson
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Edna C. Davidson
(b) Address 807 West 23rd St. K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla, Missouri

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place: K.C. Mo.

19. (a) 4-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day ~~6~~ 2-48
year 1948 hour 4 pm M.

21. I hereby certify that I attended the deceased from June 1945, 19, to Apr to 2-48 19 1948
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Tuberculosis	
Due to Pulmonary	8 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) no	
Major findings: Of operations no	
Of autopsy no	

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature M B Carbolt MD (M.D. or other)

Address 4000 Baltimore K.C. Mo. Date signed 4/3/48

(Licensed Embalmer's Statement on Reverse Side)

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 Blaine E. Weikert

Licensed Embalmer No. 4075

P. O. Address K. C. 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.

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