

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41134  
Registrar's No. 305

Registration District No. 294 Primary Registration District No. 3056

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

1. PLACE OF DEATH:  
(a) County Randolph  
(b) City or town Moberly  
(c) Name of hospital or institution: Woodland Hospital  
(d) Length of stay: In hospital or institution Eight hours  
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(d) Street No. 316 Morehead  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME BERT LEE DAVIDSON  
(b) If veteran name war none  
(c) Social Security No. 491-07-0769

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Leela Davidson  
(c) Age of husband or wife if alive 44 years  
7. Birth date of deceased July-25-1904

8. AGE: Years 44 Months 4 Days 9  
If less than one day hr. min.

9. Birthplace Warrensburg Mo.

10. Usual occupation Shoe Worker

11. Industry or business Brown Shoe Company

12. Name Fred Davidson

13. Birthplace England

14. Maiden name Hellen Kennedy

15. Birthplace Mo.

16. (a) Informant Mrs. Leela Davidson  
(b) Address 316 Morehead Moberly Mo.

17. (a) Burial, cremation, or removed Burial  
(b) Date thereof Dec-17-48  
(c) Place: burial or cremation Moberly Missouri

18. (a) Signature of funeral director Snow Funeral Home  
(b) Address Moberly Missouri  
(c) Date received local registrar Dec 6-48  
(d) Registrar's signature 2107

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 4<sup>th</sup>  
year 1948 hour 11 minute 10 P.M.  
21. I hereby certify that I attended the deceased from Dec 2  
1948 to Dec 4, 1948  
that I last saw him alive on Dec 4, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Ac. Cardiac Collapse  
Due to Bronchial asthma  
renal attack

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 11/2  
Of autopsy

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  
Signature H.C. Truffette (M. D. or other)  
Address Moberly Mo. Date signed 12/27/48

RECEIVED

District Health Officer *W. H. [unclear]*

District File Number *12-48-2124*

Date *DEC 13 1948*

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 *R. M. Cater*

Licensed Embalmer No. *4117*

P. O. Address *Maoberly 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.