

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 567

BIRTH NO. 1		REG. DIST. NO. 72		PRIMARY REG. DIST. NO. 2289		Registrar's No. 8			
1. PLACE OF DEATH a. COUNTY Clay <i>Gallatin Twp.</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give town) Rural HARLEM			c. LENGTH OF STAY (in this place) 60 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Rural			0240		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R.R. 13 North Kansas City				d. STREET ADDRESS (If rural, give location) R.R. 13 North Kansas City Mo.					
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) A.		c. (Last) Davidson		4. DATE OF DEATH (Month) (Day) (Year) Jan. 24 1950			
5. SEX Male (M) White	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH April 20, 1879		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 9	IF UNDER 1 YEAR Days 4	IF UNDER 1 YEAR Hours X	IF UNDER 1 YEAR Min. X
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Travelling Salesman		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Kansas City Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME J.K. Davidson			13b. MOTHER'S MAIDEN NAME Hattie L. Weller		14. NAME OF HUSBAND OR WIFE None				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME John N. Davidson		ADDRESS North K.C. Box 7448			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Rupture of dissecting aneurysm of thoracic aorta</i>					INTERVAL BETWEEN ONSET AND DEATH 2 mos.			
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i>								
	DUE TO (c)								
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					451A			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>Nov</i> , 1949, to <i>24 Jan</i> , 1950 that I last saw the deceased alive on <i>24 Jan</i> , 1950, and that death occurred at <i>2 1/2 p. m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>Charles Fischer M.D.</i> (Degree or title)				23b. ADDRESS <i>2025 Swift</i>		23c. DATE SIGNED <i>1-26-50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 26 1950	24c. NAME OF CEMETERY OR CREMATORY Fairview		24d. LOCATION (City, town, or county) (State) Liberty Clay Missouri				
DATE REC'D BY LOCAL REG. Jan 26-1950		REGISTRAR'S SIGNATURE <i>Beulah Kitcher</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Morton-Smith's North Kansas City					

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

RECEIVED JAN 28

District Health Officer No. 8,
District File Number _____

Date Filed 1-31-58

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address North KC. 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 licensè.)

If this body is not embalmed, fact should be so stated above.