

FILED OCT 27 1950

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33117

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett, Mo. 0357	
c. LENGTH OF STAY (In this place) 5yr		d. STREET ADDRESS (If rural, give location) Gen. Del. East Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: East Ave. Gen. Del.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Martha	b. (Middle) Tennessee	c. (Last) Davidson	Oct.		12th 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 3rd 1884	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 8 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (State or foreign country) Arkansaw	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Henry Tremble	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Max Davidson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nora Ware Kennett, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis.		INTERVAL BETWEEN ONSET AND DEATH 2 yrs - 4-2-22
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis.		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 Oct. 1, 1950, to Oct. 12, 1950, that I last saw the deceased alive on Oct 12, 1950, and that death occurred at _____ m., from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) George O. Sumner M.D.	23b. ADDRESS Kennett Mo	23c. DATE SIGNED 10/15/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 10-13-50	24c. NAME OF CEMETERY OR CREMATORY East Ave ^{Gregory}
24d. LOCATION (City, town, or county) (State) Kennett, Mo		

DATE REC'D BY LOCAL REG. 10-16-1950	REGISTRAR'S SIGNATURE Carl Husband	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. L. Service Kennett, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH,
DEPARTMENT10-20-50.....
COUNTY FILE NUMBER 10.50-286.

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Edgar Lee Ford*

Signed.....
Student Embalmer

Licensed Embalmer No. *4433*

P. O. Address *Kimett St.*

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.