

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39031

State File No. _____

S. No. 300
FV. 10-48

FILED NOV 26 1952

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 4457

| | | | |
|---|--|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> | |
| c. LENGTH OF STAY (in this place) <u>25 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>RR 2, Mayes Rd. (Blue)</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sanitarium</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> | | b. (Middle) <u>Leona</u> c. (Last) <u>Davidson</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3, 1952</u> | | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>July 6, 1879</u> |
| 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Miller Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Edward Johnston</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Harveson</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Henry C. Davidson</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Henry C. Davidson, Sr.</u> | | ADDRESS <u>Independence, Mo.</u> | |
| 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) <u>Cancer of the Cervix & Neovascular</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastasis</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>No operation</u> | |
| 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) <u>171 X</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 <u>April 25, 1952</u> , to <u>Nov. 3, 1952</u> , that I last saw the deceased alive on <u>Nov. 2, 1952</u> , and that death occurred at <u>1:05 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Est. Allen M.D.</u> | | 23b. ADDRESS <u>Independence, Mo.</u> | |
| 23c. DATE SIGNED <u>Nov. 3/52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2/15/52</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City 3, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Nov. 5-1952</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. C. Carson</u> ADDRESS <u>Independence, Mo.</u> | |

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

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0480
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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 Ernest W. Halbrook

Licensed Embalmer No. 4901

P. O. Address Judy 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.