FILED AUG 9 1940

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25230

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 626

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 808 N.Franklin 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life Time.
years, months or days) 151

3. (a) PRINT FULL NAME Walter Monroe Davenport

3. (b) If veteran name war No 500-05-2995 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased April (Month) 7th. (Day) 1913 (Year)

8. AGE: Years 27 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business

FATHER
12. Name Robert Davenport
13. Birthplace Miller Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Georgia Roach
15. Birthplace Springfield, (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs.Georgia Davenport
(b) Address 808 Franklin, Springfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 629 W.Walnut, Springfield, Mo

19. (a) 7-29-40 (Date received local registrar) (b) W. E. Hardley MD (Registrar's signature) RJB

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 808 N.Frahklin, Sprongfield,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1940 hour 3 minute 30 a. M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw him dead on July 27 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Acute

Due to Chr. alcoholism

Due to 9 30

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? 9 04
(Specify type of place)
While at work? (e) Means of injury

23. Signature R Ned White (M. D. ~~or other~~) 5
Address Cowner Greene County Date signed 2/22/40

(Licensed Embalmer's Statement on Reverse Side)

JUN 23 1942

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. Floyd W. Ft.

Licensed Embalmer No. 2910

P. O. Address 679 W Walnut

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank..

X