

No. 2
4-13-40
5-17-39
I X23159

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17256**

Registration District No. **399** Primary Registration District No. **1002** Registrar's No. **1918**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **K.C. General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
In this community **Unknown** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **John Davenport**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **no**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mayme Ellen Davenport** 6. (c) Age of husband or wife if **55** years
7. Birth date of deceased **Feb 11 1866**
(Month) (Day) (Year)

8. AGE: Years **75** Months **3** Days **4** If less than one day hr. min.

9. Birthplace **Harrodsburg Ky** (City, town, or county) (State or foreign country)

10. Usual occupation **City Employee**

11. Industry or business
12. Name **Unknown**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Mayme E. Davenport**
(b) Address **617 E. Armour**

17. (a) **Cremation** (Burial, cremation, or removal) (b) Date thereof **5-16-41** (Month) (Day) (Year)
(c) Place of burial or cremation **Newcomer's**

18. (a) Signature of funeral director **Carroll Davidson**
(b) Address **3024 T. road ave**

19. (a) **May 16 1941** (Date registered local registrar) (b) **M. M. Crow** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City** (If outside city or town limits, write "RURAL")
(d) Street No. **617 E. Armour** (If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **15th**
year **1941** hour **3** minute **15** A. M.

21. I hereby certify that I attended the deceased from **5-13-41**, 19, to **5-15-41**, 19;
that I last saw **im** alive on **5-15-41**, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary sclerosis with cardiac decompensation** Duration
Other conditions **Diaphragmatic hernia, omentum**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **See above**
Of operations
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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) Means of injury
23. Signature **Wm R. Thors** (M. D. or other)
Address **Med. Dir. K.C. Gen. Hospital** Date signed

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

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 Kathryn E. Davidson

Licensed Embalmer No. 3648

P. O. Address Kansas City, 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.