

85

1001

563

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
524 N. 4th Street  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
 In this community 5 months

3. (a) PRINT FULL NAME Danny Harold Davenport

3. (b) If veteran, name war None 3. (c) Social Security No. one

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

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

7. Birth date of deceased December 6 1940  
(Month) (Day) (Year)

8. AGE: Years 0 Months 5 Days 22 If less than one day 4 hr. \_\_\_\_\_ min.

9. Birthplace St. Joseph, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Elmer Davenport  
 13. Birthplace St. Joseph, Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Juanita Burton  
 15. Birthplace Hale, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Davenport  
 (b) Address 524 N. 4th St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof May 29, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cent

18. (a) Signature of funeral director Arthur W. E. Davenport  
 (b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 5/29/44 (b) H. Mittlebach  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 524 N. 4th Street  
(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 28th  
 year 1941 hour 3 minute 00 A. M.

21. I hereby certify that I viewed the deceased from on  
May 28 1944 to \_\_\_\_\_ 19\_\_\_\_  
 that I last saw before  
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia  
(PRIMARY)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy: no

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)  
 (e) Means of injury \_\_\_\_\_

23. Signature H. F. Mundy (M. D. or other) Dr. G. corner  
 Address 404 So 3rd St. Date signed 5/29/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

*Albert R. Harrington*

Licensed Embalmer No.....

3258

P. O. Address.....

St. Joseph, Mo.

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

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