

S. No. 2
M-5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42201

Registration District No. 341

Primary Registration District No. 3075

Registrar's No. 56

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103
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Dexter
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DOYLE C. DAVENPORT

3. (b) If veteran, name war ***

3. (c) Social Security No. ---

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

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

Opal Davenport

7. Birth date of deceased Dec. 25, 1918
(Month) (Day) (Year)

8. AGE: Years 23 Months 11 Days 9
If less than one day _____ hr. _____ min.

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

10. Usual occupation Truck Driver

11. Industry or business _____

MOTHER FATHER { 12. Name James Davenport

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Mary N. Mc Daniel

15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant James Davenport

(b) Address Dexter, Mo. Route # 2.

17. (a) Burial (b) Date thereof Dec. 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walker cemetery

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) 12-10-42 (b) Nora Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th
year 1942 hour 5:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Dec 2, 1942 to Dec 4, 1942
that I last saw him alive on Dec 3rd, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis of Lungs

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) BB

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? _____

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

23. Signature W. Cannon (M. D. or other) _____

Address Dexter, Mo. Date signed 12/5/42

RECEIVED
District Health Office No. 2,
District File Number 143-3
Date Filed 1-4-48

BUFILE - 7 10 508

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 Deceased was not embalmed.

Licensed Embalmer No.....

P. O. Address.....

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.