

U. S. No. 2
 FORM-5-42
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 4

Primary Registration District No. 1000

Registrar's No. 323

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:
Mo. Meth. Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 month
(Specify whether years, months or days)

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. 1015 No. 3
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Neil Leon Davenport

MEDICAL CERTIFICATION

3. (b) If veteran, name war No 3. (c) Social Security No. No

20. DATE OF DEATH: Month March day 10th
 year 1943 hour 7 minute _____ P. M.

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

21. I hereby certify that I attended the deceased from March 3 1943 to March 10 1943
 that I last saw him alive on March 10 1943
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 30 1943
(Month) (Day) (Year)

Immediate cause of death Bronchopneumonia 4 days
 Due to Influenza 4 days

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>1</u>	<u>11</u>	_____ hr. _____ min.

Due to Pneumatury 4 days

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

Other conditions Prematurity 4 days
(Include pregnancy within 3 months of death)

10. Usual occupation _____

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Elmer E. Davenport
 13. Birthplace St Joseph Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Juanita M. Davenport
 15. Birthplace Hale Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer E. Davenport
 (b) Address St Joseph, Mo.

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?
(Specify type of place)

17. (a) Burial (b) Date thereof 3-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director FLEEMAN & SON, INC.
 (b) Address 1946 Colhoun St.

23. Signature W. Regu Moore (M. D. or other) Mo.
 Address St Joseph Date signed Feb 11 1943

19. (a) 3-11-43 (b) Rose Huzog
(Date received local registrar) (Registrar's signature)

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

Missouri, Department of Health

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 Robert H. Gable
Licensed Embalmer No. 3308
P. O. Address St. Joseph, 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.