S. No. 2
1—9-4-41
r. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16122

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 207

1. PLACE OF DEATH:
(a) County: COOPER
(b) City or town: BOONVILLE (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alex Von Ravensway Clinic (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Morgan Co
(c) City or town: Stover (If outside city or town limits, write "RURAL") 0
(d) Street No. ____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Carry Katherine Davenport
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: George Davenport
6. (c) Age of husband or wife if alive: 39 years
7. Birth date of deceased: Mar (Month) 27 (Day) 1909 (Year)
8. AGE: Years 37 Months 1 Days 15 If less than one day ____ hr. ____ min.
9. Birthplace: Morgan County Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business ____
MOTHER FATHER
12. Name: David N. McGinnis Jr
13. Birthplace: Morgan County Mo (City, town, or county) (State or foreign country)
14. Maiden name: Anna Jane Perry
15. Birthplace: Morgan County Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Wm Cooper
(b) Address: Versailles Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: May 13-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Versailles Mo
18. (a) Signature of funeral director: W. F. Ridwell
(b) Address: Versailles Mo
19. (a) 5-11-46 (Date received local registrar) (b) Clay Morris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1946 hour 1 p.m. minute ____ M.
21. I hereby certify that I attended the deceased from May 10, 1946, to May 11, 1946, that I last saw her alive on May 11 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Severe burns (1st, 2nd and 3rd) of whole body	20 hours
Due to: explosion of stove	
Due to:	
Other conditions (Include pregnancy within 3 months of death): pregnant 2 months	
Major findings: Of operations: No one	
Of autopsy: None	

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): Accident
(b) Date of occurrence: May 11 1946
(c) Where did injury occur? Stover (City or town) Mo (County) Morgan Co (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home (Specify type of place)
While at work? ____ (e) Means of injury: fire
23. Signature: Helen Ravensway (M.D. or other)
Address: Boonville Mo Date signed: 6-16-46

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 5,
District File Number
Date Filed 6-6-45

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 Rene N. Barham

Licensed Embalmer No. 4021

P. O. Address VERSAILLES, 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.