

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

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: General Hospital (Osteopathic)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

In this community 3 weeks

3. (a) PRINT FULL NAME Margaret Jane Davenport

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William Davenport

6. (c) Age of husband or wife if alive 6 years 1871

7. Birth date of deceased Jan. 6 1871
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>75</u> | <u>9</u> | <u>27</u> | hr. min. |

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

10. Usual occupation A t Home

11. Industry or business A t Home

MOTHER FATHER

12. Name Soloman Barton

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

14. Maiden name Mary Weise

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

16. (a) Informant Mrs. Lee Daily

(b) Address St. Joseph, Mo.

17. (a) Removal (b) Date thereof 11/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio, Missouri

18. (a) Signature of funeral director Heaton Beale + Rowman

(b) Address St. Joseph, Mo.

19. (a) Nov. 7, 1946 (b) A. J. Northcutt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
 year 1946 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Oct 9
46, 1946, to Nov 3rd 1946;
 that I last saw him alive on Nov - 2nd 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach.

Duration _____

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

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) _____

(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 C. L. Ferguson (a) or other PO.

Address 801 1/2 Madison St. Date signed 11-5-46

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..... *Eugene Wood*.....
Licensed Embalmer No. *3804*.....
P. O. Address *319 So 10th, 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.