

Primary Registration District No. 1002

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

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Jackson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trinity Lutheran
(If not in hospital or institution, write street number or location)
(d) Length of stay 5 weeks In hospital or institution. (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 799
(c) City or town Bonner Springs 14
(If outside city or town limits, write "RURAL")
(d) Street No. 108 Warner (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Arthur DAVENPORT

(b) If veteran, name war World War II (c) Social Security No. yes, # unknown

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

6. (b) Name of husband or wife Betty Jean Davenport 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased December 16 1909
(Month) (Day) (Year)

8. AGE: Years 36 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Bonner Springs, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business Public Work

MOTHER FATHER { 12. Name George Paris Davenport /
13. Birthplace Linwood Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Chase
15. Birthplace Abilene Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo. Davenport

(b) Address 108 Warner, Bonner Spgs., Ka.

17. (a) Removal (b) Date thereof 11-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonner Springs, Kans.

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 11-15-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15
year 1946 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive and that death occurred on the date and hour stated above.

Immediate cause of death: acute cardiac dilatation
paralytic ileus.

Due to Cirrhosis of the liver.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy above

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? 0

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

23. Signature J. L. ... (M. D. or other) M.D.

Address Trinity Luth. Hosp. Date signed 11 Nov 46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....
Licensed Embalmer No.....
P. O. Address.....

[Handwritten Signature]
[Handwritten Number: 2999]
[Handwritten Initials: KC]

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.