

**1. PLACE OF DEATH:**  
 (a) County Audrain  
 (b) City or town Mexico  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
414 W. Promenade  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Audrain  
 (c) City or town Mexico  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 414 W. Promenade  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Milliam Lacy Davenport  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. none

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Dec, day 8th  
 year 1947 hour 7 minute 0 P. M.

4. Sex M 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife If alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from Cornell Case  
 that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased DK  
 (Month) (Day) (Year)  
 8. AGE: Years About- 82 Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Smoking and exposure was found dead in his home on the floor. No evidence of violence or foul play, no injury.  
 Due to DK and underlying history of a fractured leg in Aug-1947  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Virginia  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation none

Major findings:  
 Of operations none  
 Of autopsy none  
 Duration \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name George Davenport  
 13. Birthplace DK  
 (City, town, or county) (State or foreign country)  
 14. Maiden name DK  
 15. Birthplace DK  
 (City, town, or county) (State or foreign country)

16. (a) Informant Geo Davenport  
 (b) Address Mexico, Missouri.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof Dec 11, 47  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Elmwood  
 18. (a) Signature of funeral director Blanche Keely  
 (b) Address Mexico, Missouri.  
 19. (a) 4/8/47 (b) Blanche Keely  
 (Date received local registrar) (Registrar's signature)

23. Signature A. C. Adams (M. D. or other)  
 Address Mexico, Mo. Date signed 12-8-47  
 (Specify type of place) (a) Means of injury Cornell Case

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

RECEIVED  
District Health Officer No. 10  
District File Number 12-47-1759  
Date Filed DEC 16 1947

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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.**