

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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33558

FILED OCT 19 1948
Registration District No. 218

Primary Registration District No. 5789

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Anniston Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community 40 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRONIE DAVENPORT

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1948 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from Sept 7
1948, to Sept 15, 1948
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife William Davenport 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 16 1883
(Month) (Day) (Year)

that I last saw her alive on Sept 15, 1948

Immediate cause of death Cancer Throat Duration (6 mo)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 65 Months 3 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Greenville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business FATHER

12. Name Richard Craig

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

14. Maiden name Mary Ann Kelly

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

16. (a) Informant Otto Foye
(b) Address Faydichtown Mo.

17. (a) Burial (b) Date thereof Sept 17 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wagon Cemetery

18. (a) Signature of funeral director Wade Shelly
(b) Address East Prairie Mo.

19. (a) W. H. ... (b) Anna Hart
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy 45F

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? ()

(Specify type of place) _____

While at work? () (c) Means of injury _____

23. Signature A. J. Martin (M. D. or other) _____
Address East Prairie Mo. Date signed 9/15/48

RECEIVED

District Health Office No. 2,

District File Number *10-48-433*

Case Filed *10-18-48*

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.....

Francis Shelby

Licensed Embalmer No. *2726*

P. O. Address *East Orange, N.J.*

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.