

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9035

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 4277 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Verona</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Verona Mo CITY</b>	
c. LENGTH OF STAY (In this place) <b>49yr</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Verona Mo 1</b>		d. STREET ADDRESS (If rural, give location) <b>city of verona 0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>Eaton</b>	c. (Last) <b>Davenport</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3-4-49</b>
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5. SEX <b>MO</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>DEC 1-1899</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Lawrence 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Leyone 0</b>	13b. MOTHER'S MAIDEN NAME <b>Hannah White</b>	14. NAME OF HUSBAND OR WIFE <b>Alta</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured Skull -</b>		<b>15 min</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fall from tractor</b> DUE TO (c) <b>onto wire stretcher</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>can 3 61 20</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Springer Lawrence Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>March 4/49 9:50 AM</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fall</b> <b>055</b>
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22. I hereby certify that I attended the deceased from **after death** to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Herman Surridge 3</b> (Degree or title) <b>coroner</b>	23b. ADDRESS <b>Marionville Mo</b>	23c. DATE SIGNED <b>3/5/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/6/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Springer</b>	24d. LOCATION (City, town, or county) (State) <b>Verona Mo Lawrence</b>
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DATE REC'D BY LOCAL REG. <b>3-6-49</b>	REGISTRAR'S SIGNATURE <b>Oran Mc...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Oscar...</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAR 22 1949

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 \_\_\_\_\_

*Mysse*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Oscar L. Marsh*

Licensed Embalmer No. *3812*

P. O. Address *Yuma, Me*

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.