

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29447**

FILED OCT 13 1950

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>1094</b>			
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>2 Days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		0111 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Methodist Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>102 North 2nd St</b>					
3. NAME OF DECEASED (Type or Print) <b>Bruce</b>		a. (First)		b. (Middle) <b>L.</b>		c. (Last) <b>Davenport</b>			
4. DATE OF DEATH <b>Sept. 28, 1950</b>		4. DATE OF DEATH (Month) (Day) (Year)		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Dec. 6, 1890</b>		9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Seneca, Kans.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Unk.</b>		13b. MOTHER'S MAIDEN NAME <b>Unk.</b>		14. NAME OF HUSBAND OR WIFE <b>Urahbelle Dease 9-2-1950</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>World War #1</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs R.D. Wise</b>		ADDRESS <b>Kansas City, Kans.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumococci meningitis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>0</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				3401					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>Sept 27, 1950</b> to <b>Sept 28, 1950</b> , that I last saw the deceased alive on <b>Sept 28, 1950</b> , and that death occurred at <b>11:10 a.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>R.W. Keebler, M.D.</b>				23b. ADDRESS <b>St. Joseph, Mo.</b>		23c. DATE SIGNED <b>9-29-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-30-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>Sept. 30, 1950</b>		REGISTRAR'S SIGNATURE <b>H. G. Jenkins</b>		382 FUNERAL DIRECTOR'S SIGNATURE <b>Herman W. Sidenfaden</b>		ADDRESS <b>1802 Union St</b>			

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

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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 \_\_\_\_\_

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

working under my personal supervision.

Signed \_\_\_\_\_

*Robert H. Yapple*

Signed .....  
Student Embalmer

Licensed Embalmer No. 3308

P. O. Address 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.