

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40653
5012

FILED DEC 16 1950

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 29 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CONLEY 8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL		d. STREET ADDRESS (If rural, give location) 8 X	

3. NAME OF DECEASED (Type or Print) Dow Davenport			4. DATE OF DEATH (Month) (Day) (Year) NOV-28-1950		
a. (First)	b. (Middle)	c. (Last)			

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 11-12-1871	9. AGE (In years last birthday) 76	10. MONTHS	10. DAYS	10. HOURS	10. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME John DAVENPORT		13b. MOTHER'S MAIDEN NAME Amanda Jewett		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Wash. Recorder - H.C.M.		18. 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, asphyxia, 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) Acute cardiac dilation	ANTECEDENT CAUSES			
	DUE TO (b) Myocardial degeneration			
	DUE TO (c) Atherosclerosis			420
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 30, 1950, to Nov 28, 1950, that I last saw the deceased alive on Nov 27, 1950, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE H. J. McAnally (Degree or title) H. J. McAnally M.D.	23b. ADDRESS 926 E. 11th, K.C., Mo.	23c. DATE SIGNED 11-28-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov 28 1950	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) CONLEY KANSAS
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DATE REC'D BY LOCAL REG 11-28-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newman	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

John B Lewis Jr
working under my personal supervision.

Student Embalmer No. 407

Signed John B Lewis Jr
Student Embalmer

Signed Charles H Strickland

Licensed Embalmer No. 4560

P. O. Address 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.