.S. No. 300
ev. 10.48

FILED FEB 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

504

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. B

0191
0

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

1. PLACE OF DEATH Memorial Hospital
a. COUNTY Cass Harrison Ville Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrison Ville Mo
c. LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cleveland Mo 0170
d. STREET ADDRESS (If rural, give location) 210 South 3rd St.

3. NAME OF DECEASED (Type or Print) a. (First) Bessie b. (Middle) ANNE c. (Last) DAVENPORT
4. DATE OF DEATH (Month) (Day) (Year) 2 - 4 - 51

5. SEX Female
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH June 16 1884
9. AGE (In years last birthday) 66 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) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY House work
11. BIRTHPLACE (State or foreign country) Parsons Kans
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Albert B. Turnham
13b. MOTHER'S MAIDEN NAME Etta B. Murray
14. NAME OF HUSBAND OR WIFE Claud Wilson Davenport

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 493-22-0264
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nadine Laffoon Cleveland Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma of lung

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of breast
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
170 X

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES [ ] NO [X]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12-1-, 1951, to 2-4-, 1951, that I last saw the deceased alive on 2-4-, 1951, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward S. Jones M.D.
23b. ADDRESS Harrisonville Mo
23c. DATE SIGNED 2-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-6-51
24c. NAME OF CEMETERY OR CREMATORY Freeman Mo
24d. LOCATION (City, town, or county) (State) Freeman Mo

DATE REC'D BY LOCAL REG. Feb. 5, 1951
REGISTRAR'S SIGNATURE Laura J. Jones 51
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. E. Myers Cleveland Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

FEB 12 1951

[illegible] COUNTY

HEALTH DEPARTMENT

APR 8 1951

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland Mo

Signed _____
Student Embalmer

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.