

No. 2
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38307

State File No. _____

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 311

REC'D DEC 11 1940

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:
State Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 years
(Specify whether years, months or days) 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Callaway

(c) City or town Gulton, Mo.
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME John Henry Davenport

3. (b) If veteran, name war D. Know.

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
year 1940 hour 10 minute 30 A.M.

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Matilda Davenport

6. (c) Age of husband or wife if alive D.H. years

7. Birth date of deceased D.H.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 17, 1940, to Nov 23, 1940, that I last saw him alive on Nov 23, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Duration ?

8. AGE: Years about 60 Months _____ Days _____ If less than one day hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace Silver Creek Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation D.K.

Other conditions Central Arteriosclerosis
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name D.H.

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

14. Maiden name D.H.

15. Birthplace D.H.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant State Hospital Record

(b) Address Gulton, Mo.

17. (a) Burial (Burial, cremation, or removal) 11-24-40 (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 982 Stoddard St.

19. (a) Nov 24/40 (b) R. M. Crews
(Date received local registrar) (Registrar's signature)

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? _____

While at work? 106 (Specify type of place) (e) Means of injury _____

23. Signature R. M. Crews (M. D. or other) M.D.

Address Gulton, Mo. Date signed _____

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

OCT 17 1957

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.....

Licensed Embalmer No.....

P. O. Address.....

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.