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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1942

Registration District No. 8

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2879

Primary Registration District No. 5760

Registrar's No.

1. PLACE OF DEATH:
(a) County: Miller
(b) City or town: Rural Ste Osage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ( ) (Specify whether
In this community 28 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 66
(a) State: Missouri (b) County: 0
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 5 miles S. of Tuscumbia
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: NANCY ELIMRE DAVENPORT
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: female
5. Color or race: wht
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Nelse Davenport
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: March (Month) 9 (Day) 1868 (Year)

8. AGE: Years 74 Months 10 Days 2 If less than one day hr. min.

9. Birthplace: Miller (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer wife
11. Industry or business:
FATHER
12. Name: James Monroe Stepp
13. Birthplace: Miller (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Davis
15. Birthplace: Un Known (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Nelse Davenport
(b) Address: Tuscumbia Star Route
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Jan 13 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Hopewell
18. (a) Signature of funeral director: Walter P. Hedges
(b) Address: Iberia, Mo
19. (a) Jan 12-1942 (Date received local registrar) (b) John G. Schweterman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1942 hour 3 minute 15 P. M.
21. I hereby certify that I attended the deceased from Dec 29, 1941, to Jan 11, 1942, that I last saw her alive on Jan 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
Due to: Diabetes Mellitus 2 and 1 years
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 61
Of autopsy:

Duration

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

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: M. E. Humphrey (M. D. or other) D.O.
Address: Tuscumbia, Mo Date signed 1/12/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 42-12
Date Filed 2/12/42

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 Walter P. Hedges, Registered Apprentice No. 263, working under my personal supervision.

Signed Keith M Kaye

Licensed Embalmer No. 3998

P. O. Address Ibenca Ga

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.