. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24372

Registration District No. 328 Primary Registration District No. 3017 Registrar's No.

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wright Memorial Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): 1 Day in Hosp
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Grundy
(c) City or town: Trenton
(If outside city or town limits, write "RURAL")
(d) Street No.: 304 East 8th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: William Vincent Davenport
3. (b) If veteran, name war: No
3. (c) Social Security No.: -
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Cordelia Davenport
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: Feb (Month) 13 (Day), 1882 (Year)

8. AGE: Years 60 Months 5 Days 14 If less than one day hr. min.

9. Birthplace: Wellington (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Dispatcher Wire Chief
11. Industry or business: Rail Road
MOTHER FATHER
12. Name: William Davenport
13. Birthplace: Illinois (City, town, or county) Illinois (State or foreign country)
14. Maiden name: Elizabeth Hall
15. Birthplace: Illinois (City, town, or county) Ill (State or foreign country)
16. (a) Informant: C. F. Russell
(b) Address: Trenton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 30, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: A.F. & A.M., Trenton Mo
18. (a) Signature of funeral director: Denis Funeral Home
(b) Address: Trenton, Mo.
19. (a) 7-28-42 (Date received local registrar) (b) Nada Hoffman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th year 1942 hour 8:10 minute P M.
21. I hereby certify that I attended the deceased from July 21, 1942 to July 27, 1942 that I last saw him alive on July 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Organic Heart Disease — Duration: Don't Know
Due to: Unknown
Due to: Unknown
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 95C
Of autopsy:

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: 0

23. Signature: OR Rooks (M. D. or other)
Address: Trenton Mo Date signed: 7/28/42

120 (Licensed Embalmer's Statement on Reverse Side)

A 01

SEP 4 1942

SEP 27 1948

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

myself, Registered Apprentice No.

working under my personal supervision.

Signed Raymond W. Lewis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.