V. S. No. 2
50M—5-42
ev. 5-17-39
I. X32

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9592

FILED FEB 22 1943

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 234

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1015 No 3rd (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 10 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 1015 No 3rd (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Helen Sue Davenport

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased March (Month) 16, (Day) 1942 (Year)

8. AGE: Years 0 Months 10 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace St Joseph (City, town, or county) Mo (State or foreign country)

10. Usual occupation Baby

11. Industry or business .....

FATHER
12. Name Elmer E. Davenport
13. Birthplace St Joseph (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Jaanata M. Davenport
15. Birthplace St Joseph (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Elmer E. Davenport

(b) Address 1015 No 3rd. St Joseph, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-43 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem.

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address 1946 Colhoun St

19. (a) 2-13-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12th year 1943 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Feb 4, 1943 to Feb 4, 1943 that I last saw her alive on Feb 4, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	8 Days
Due to	
Due to	
Other conditions: Dentition (Include pregnancy within 3 months of death)	

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Major findings:
Of operations —
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 D

23. Signature Charles H. Werner M.D.

Address 221 Kirkpatrick Bldg Date signed 2-12-1943

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(Licensed Embalmer's Statement on Reverse Side)

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 Robert L Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.