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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 35

FILED MAR 29 1948

Registration District No. 290

Primary Registration District No. 4427

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Haysville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 hours
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pulaski
(c) City or town Lagune Mo 85
(If outside city or town limits, write "RURAL")
(d) Street No. Branche
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Beetzy Lee Davenport
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 18th
year 1948 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of _____ and of wife if alive _____ years
7. Birth date of deceased: April 27, 1934
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on _____ (date and hour stated above).
Immediate cause of death Gun Shot Wound right Chest 4.10 gauge shot
Due to _____

8. AGE: Years 13 Months 10 Days 18 If less than one day _____ hr. _____ min.

Due to gunshot wound right lung
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Cookville MO
(City, town, or county) (State or foreign country)
10. Usual occupation School Girl

11. Industry or business _____
12. Name Floyd Davenport
13. Birthplace Clenden Co MO
(City, town, or county) (State or foreign country)
14. Maiden name Fuby Meyers
15. Birthplace Cookville MO
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 3/18/48
(c) Where did injury occur? Lagune Pulaski Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home on farm
(Specify type of place) (e) Means of injury _____

16. (a) Informant George Davenport
(b) Address Haysville
17. (a) Branche (b) Date thereof 3/21/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Richland Mo
18. (a) Signature of funeral director R B Jeeper
(b) Address Richland Mo
19. (a) 3-27-48 (b) William C. Beutler
(Date received local registrar) (Registrar's signature)

23. Signature R B Jeeper Coroner
(M. D. or other) _____
Address Richland Mo Date signed 3/19/48

(Licensed Embalmer's Statement on Reverse Side)

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

55
00

MOTHER FATHER

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

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

R. J. Zeepe

Licensed Embalmer No.

3198

P. O. Address

Richland 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.