

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15523

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>6093</u>		Registrar's No. <u>73</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Marshall Township</u>		c. LENGTH OF STAY (in this place) <u>2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall Township</u>		<u>0970</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vers Addition City Limits</u>				d. STREET ADDRESS (If rural, give location) <u>West Side Vers Addition City Limits</u>			
3. NAME OF DECEASED a. (First) <u>Walter</u>		b. (Middle) <u>Allen</u>		c. (Last) <u>Davenport</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 2nd, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 19, 1883</u>	
9. AGE (In years last birthday) <u>67</u>		if UNDER 1 YEAR Months <u>0</u> Days <u>13</u>		if UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter, Building construction</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Sinclair Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Allen Davenport</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy B. Gordon</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Pearl Davenport</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Minnie Brown, Marshall, Mo. R.I.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death, in his home, when destroyed by fire</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Home, when destroyed by fire</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>9:10</u> <u>11:0</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>097</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental - Home</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marshall Twp. Saline Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) <u>April 2, 1950</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>House burned</u>			
22. I hereby certify that I attended the deceased from the death <u>April 2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>April 2</u> , 19 <u>50</u> , and that death occurred at <u>3:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>C. L. Lousless, Coroner Saline Co.</u>				23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>4-2-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 3, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Lick cemetery, Saline County, Mo.</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>April 3-1950</u>		REGISTRAR'S SIGNATURE <u>Sidney J Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CAMPBELL-LEWIS, MARSHALL-MO.</u>		ADDRESS _____	

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

RECEIVED APR 10

District Health Officer No. 8,

District File Number _____

Date Filed 4-20-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall

This body was not embalmed arterially but was packed in cavity fluid.

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.