

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4095

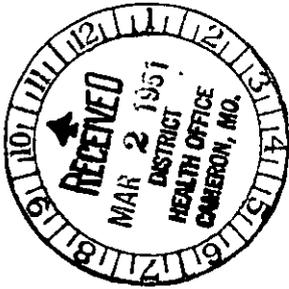
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 27

|   |                           |   |                                      |
|---|---------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Carroll</u>   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)<br>a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>   |                                      |
| b. CITY OR TOWN <u>Carrollton</u>   |                           | c. CITY OR TOWN <u>Carrollton</u>   |                                      |
| c. LENGTH OF STAY (in this place) <u>3 yrs</u>  |                           | d. STREET ADDRESS (If rural, give location) <u>302 So. Folger</u>   |                                      |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bales Hosp.</u>  |                           |   |                                      |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>JOHN</u> b. (Middle) <u>J</u> c. (Last) <u>DAVENPORT</u>  |                           | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Feb 27 1951</u>  |                                      |
| 5. SEX <u>M. O</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)   | 8. DATE OF BIRTH <u>Aug 19, 1882</u> |
| 9. AGE (in years last birthday) <u>68</u>   |                           | 10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Buyer</u>  |                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>Bears, Roebuck &amp; Co</u>  |                                      |
| 11. BIRTHPLACE (State or foreign country) <u>Philadelphia Penns.</u>  |                           | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |                                      |
| 13a. FATHER'S NAME <u>Wm Davenport</u>  |                           | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mathews</u>  |                                      |
| 14. NAME OF HUSBAND OR WIFE <u>Helen Preston</u>  |                           |   |                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)  |                           | 16. SOCIAL SECURITY NO.   |                                      |
|   |                           | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Davenport</u> ADDRESS <u>Carrollton Mo</u>   |                                      |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer, metastasis</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Carcinoma of bladder</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                      |
|   |                           | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 mo</u><br><u>1 year</u><br><u>181X</u>   |                                      |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION  |                                      |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |                           |   |                                      |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |                           | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                                      |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |                           |   |                                      |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                      |
| 21f. HOW DID INJURY OCCUR?  |                           |   |                                      |
| 22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>52</u> , to <u>Feb 27</u> , 19 <u>51</u> that I last saw the deceased alive on <u>Feb 26</u> , 19 <u>51</u> , and that death occurred at <u>9 1/2</u> m. from the causes and on the date stated above. |                           |   |                                      |
| 23. SIGNATURE <u>Cyril T. Ballew</u> (Degree or title)  |                           | 23b. ADDRESS <u>Carrollton Mo</u>   |                                      |
| 23c. DATE SIGNED <u>2-27-51</u>   |                           |   |                                      |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |                           | 24b. DATE <u>3-1-51</u>   |                                      |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem</u>  |                           | 24d. LOCATION (City, town or county) (State) <u>Carrollton Mo</u>   |                                      |
| DATE REC'D BY LOCAL REG. <u>2/27/51</u>   |                           | REGISTRAR'S SIGNATURE <u>Mr. Herbert C. Lewis</u> ADDRESS <u>45 Standley Gibson Carrollton Mo</u>   |                                      |
| 25. FUNERAL DIRECTOR'S SIGNATURE  |                           | ADDRESS   |                                      |

(Licensed Embalmer's Statement on Reverse Side)

0171  
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD



**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 Bert W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.