

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43986

State File No. ....

5593

FILED JAN 19 1957

BIRTH NO. 139 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>418 W 13th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northeast Osteopathic</u>			

3. NAME OF DECEASED. (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>E</u> c. (Last) <u>DAVENPORT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 24 51</u>		
5. SEX <u>Fem</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>5-2-1912</u>		9. AGE (In years last birthday) <u>39</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William O. Creek</u>		13b. MOTHER'S MAIDEN NAME <u>IDA</u>	
14. NAME OF HUSBAND OR WIFE <u>Roger DAVENPORT</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>360-14-1967</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Roger DAVENPORT</u>		ADDRESS <u>418 W 13 K.C. MO.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uncontrolled tertiary syphilis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>prolonged labor</u>		0 1/2	
DUE TO (c) <u>syphilitic disproportion of pelvis due to congenital syphilis</u>		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>no</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Caesarean section</u>		20. AUTOPSY? 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) (Min)		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 May 28 1951, to Dec 24 1951, that I last saw the deceased alive on Dec 24 1951, and that death occurred at 12:45 pm., from the causes and on the date stated above.

23. SIGNATURE <u>G. V. Pilger</u> (Degree or title)		23b. ADDRESS <u>6518 Julia Ave</u>		23c. DATE SIGNED <u>12/24/51</u>	
24a. BURYAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT Washington</u>	
24d. LOCATION (City, town, or county) <u>K.C. MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Sheil</u>		ADDRESS <u>K.C. MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-27-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		DATE REC'D BY LOCAL REG.	

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

Dr. H. H. H. H.

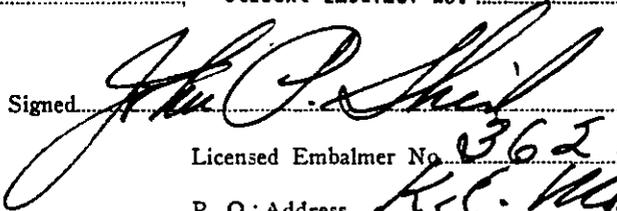
STATEMENT BY LICENSED EMBALMER

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  .....

Licensed Embalmer No. 3625

P. O. Address R. E. W.

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.