

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21525**  
**2844**

FILED JUN 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6111 Main</b>		d. STREET ADDRESS (If rural, give location) <b>6111 Main</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>OLIVER GEORGE</b> c. (Last) <b>DAVENPORT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 6, 1953</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 8, 1875</b>	9. AGE (In years last birthday) <b>77</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Michigan</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>George Davenport</b>		13b. MOTHER'S MAIDEN NAME <b>Mary L. Hall</b>	14. NAME OF HUSBAND OR WIFE <b>Ava Davenport</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>382-20-7998</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J. Perry Crow, 6111 Main, Kansas City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean the mode of dying, such as morbid culture, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cause unknown</b> ANTECEDENT CAUSES <b>No medical attendance</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ <b>Christian Science</b> 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 <b>7955</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Hugh L. Dwyer</b> (Degree or title) <b>Hugh L. Dwyer Health Officer</b>		23b. ADDRESS <b>City Hall, Kansas City, Mo.</b>	23c. DATE SIGNED <b>6-6-53</b>	
24a. BURIAL (CREMATION REMOVAL) (Specify) <b>Removal</b>	24b. DATE <b>June 7, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>—</b>	24d. LOCATION (City, town, or county) (State) <b>Detroit, Michigan</b>	
DATE REC'D BY LOCAL REG. <b>6-6-53</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE</b>		ADDRESS <b>K.C. MO.</b>

WRITE PLAINLY—USING UNFADING 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 J. T. Crowell.....

Licensed Embalmer No. 4904.....

P. O. Address KC 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Jackson } ss.

State File No. 21525  
Local Registrar's No. 2844

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15 day of July, 1953, before me appears I. Perry Crow

, who, upon his oath, states that the original record of ~~birth~~ death  
for Oliver George Davenport died June 6, 1953, in the State of  
Missouri, and which was filed at Kansas City on 6-7, 1953, should be corrected as follows:

Item No. 3 should read Oliver George Davenport

Instead of George Oliver Davenport

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

I. Perry Crow Notary Public  
Relationship Executor of Estate  
6411 Main ST Kansas City,  
Present Address. Mo.

Subscribed and sworn to before me this 15 day of July, 1953.

My Commission expires 8-24-55 Marianne Beaman Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1953

S-21525