

REC'D MAR 15 1939

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

5753

Do not use this space.

## 1. PLACE OF DEATH

(a) County Andrew, Registration District No. 16  
 (b) Township Rochester, Primary Registration District No. 5020 Registered No. 1  
 (c) City Rochester, (d) Street No. Near Long Branch Church, Rochester Road,  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 73 yrs. 7 mos. 2 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

George Sherman De Vault,  
 (a) Residence, No. R.F.D. # 5, Savannah, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida May DeVault  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1865  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 7 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer,  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farm,  
 10. Date deceased last worked at this occupation (month and year) October 1938, 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) Andrew County, 0.  
 (STATE OR COUNTRY) Missouri,

FATHER 13. NAME John DeVault, 1  
 14. BIRTHPLACE (CITY OR TOWN) Unknown, 9  
 (STATE OR COUNTRY) Ohio,

MOTHER 15. MAIDEN NAME Caroline Flesher,  
 16. BIRTHPLACE (CITY OR TOWN) Unknown,  
 (STATE OR COUNTRY) Unknown,

17. INFORMANT Mrs. Geo. S. Howell  
 (ADDRESS) R.F.D. # 5, Savannah, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Long Branch Cem. DATE Feb'y 4th, 39

19. FUNERAL DIRECTOR (NAME) Frank A. Bowman  
 (ADDRESS) Savannah, Mo.

20. FILED Feb 3 19 39 Lora E. Frank  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb'y 1st, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan'y 1st, 1939 to Feb'y 1st, 1939  
 I last saw him alive on Jan'y 3rd, 1939 Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetic Coma

Date of onset

Oct. 13, 38

Other contributory causes of importance: 59

Name of operation None Date of —  
 What test confirmed diagnosis? Physician's findings, no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? — Date of injury —, 19 —  
 Where did injury occur? —  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —  
 Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify W.C. Meyer, M.D.  
 (Signed) Lora E. Frank (Address) Savannah, Mo.

DISINTEGRATED FEB. 27, 1934  
District File Number 29-151  
Date Filed MAR 13 1934

**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, Erby, L.

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed W. E. Sammons

Licensed Embalmer No. 3007

P. O. Address 377 South St Joseph

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, above space should be left blank.