

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36569

Registration District No. 503

Primary Registration District No. 3669

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Frisco  
(b) City or town Madisonville - Rural  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 3 yrs 8 mos. (Specify whether years, months or days)

NOV 9 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn  
(c) City or town Madisonville  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME WM. ETHEL DEVAUL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Robert W. Devaul 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Febr 18 1879  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4  
year 1939 hour 4 minute A.

21. I hereby certify that I attended the deceased from 1937, 19\_\_\_\_, to Oct 4, 1939  
that I last saw him alive on Oct 4, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Pericereus Anemia Duration \_\_\_\_\_

8. AGE: Years 60 Months 8 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Eversonville, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Robert W. Devaul

13. Birthplace Eversonville, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Faustina Brady

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Roster Devaul

(b) Address Eversonville, Mo.

17. (a) Rural (b) Date thereof 10-6-1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel, Mo.

18. (a) Signature of funeral director E. J. Robinson

(b) Address Farido, Mo.

19. (a) 10-4-39 (b) E. J. Robinson  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature W. H. Morrison (M. D. or other) \_\_\_\_\_

Address 24 South 1st St. Date, signed 10-4-39

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

Rev. 6-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF MICHIGAN

State Health Officer No. 111

License File Number 1129-1438

Date Recd NOV-6-1939

**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.....

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

Signed E. J. Robertson

Licensed Embalmer No. 2468

P. O. Address Fargo, 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, above space should be left blank.**