

Registration District No. 447

Primary Registration District No. 5561-D

Registrar's No. 43

1. PLACE OF DEATH

(a) County Gasper  
(b) City or town Wesley DEVORE  
(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 2  
In this community 45 years, months or days YRS.  
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3. (a) PRINT FULL NAME WILLIAM LAKOL DEVORE

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

4. Sex Male 5. Color or race White 6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ ✓

6. (b) Name of husband or wife Pauline DeVore 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased April 9 1868  
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Brunley Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Common labor

11. Industry or business ✓

12. Name Wm DeVore  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name No Data  
15. Birthplace No Data  
(City, town, or county) (State or foreign country)

16. (a) Informant Wesley DeVore (SON)

(b) Address Web City Mo RR#1

17. (a) Burial (b) Date thereof 3/22/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Custer Hill Cemetery

18. (a) Signature of funeral director Hedye-Nelson

(b) Address Web City Mo

19. (a) MCH. 22. 40 (b) J. L. White  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasper  
(c) City or town RR#1 Web City Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. RR#1 Web City Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21  
year 1940 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from MCH. 11. 40 to MCH. 21. 40, 1940; that I last saw him alive on MCH. 20. 40, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death

PERNICIOUS ANEMIA

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 377

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

23. Signature Wm Meigs Ragan M.D. (M. D. or other) 1

Address 309 W Broadway Date signed 3/22/40  
Web City Mo.

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

RECEIVED

District Health Officer No. 6,

District File Number 440-943

Date Filed APR 4 1940

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

E. D. Hedge, Registered Apprentice No.

working under my personal supervision.

Signed

E. D. Hedge  
Licensed Embalmer No. 2859

P. O. Address Wells Street, 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, above space should be left blank.