No. 2
1-10-39
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21233

JUL 12 1940

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 637

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

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph's Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days, (Specify whether
In this community 7 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

(c) City or town Saint Joseph,
(If outside city or town limits write "RURAL")

(d) Street No. 2708 Delaware Street,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Harland Emmerson DeVore, 160

3. (b) If veteran, name war None,

3. (c) Social Security No. 491-09-3754

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Maxine DeVore,

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased January 17, 1906
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
34	4	21	hr. min.

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

10. Usual occupation Helper,

11. Industry or business Florist,

FATHER
12. Name Harvey Jackson DeVore,
13. Birthplace Unknown, Ohio,
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lillie Mae Carrel,
15. Birthplace Clarksdale, Missouri,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. E. DeVore

(b) Address 2708 Delaware Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/40
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Auburn Cemetery, Stuffy Floral Green house
Heaton - Bergoler Bowman Funeral

18. (a) Signature of funeral director

(b) Address 319 South 10th Str. Home

19. (a) 6/10/40 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th.
year 1940 hour 2:00 minute 15a. M.

21. I hereby certify that I attended the deceased from June 6, 1940, to June 8, 1940
that I last saw him alive on June 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Rupture of Liver

Due to Avulsion of Abdomen from Eplosion of a Compressed air tank

Due to

Other conditions Traumatic Shock
(Include pregnancy within 3 months of death)
+ Intra Abdominal Hemorrhage

Major findings:
Of operations Repair of Liver Rupture + Closure of Abdom

Of autopsy none

Duration

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) Accident

(b) Date of occurrence Eplosion of Compressed air tank 6-6-40

(c) Where did injury occur? St Joseph's Buchanan Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? yes (e) Means of injury

23. Signature H. Plumpsey (M. D. ~~or other~~) 1

Address 825 Charles St Joseph Mo Date signed 6/9/40

(Licensed Embalmer's Statement on Reverse Side)

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 June 8 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Wm E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10th St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.