

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 590

Primary Registration District No. 4848 5788A

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery Co. Lentr. H.
(b) City or town New Florence, Mo. RFD 3
(If outside city or town limits, write "RURAL" and name of township)
(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 About 68 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Louise Devereaux 162

3. (b) If veteran, name war X 8. (c) Social Security No. X

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George Devereaux 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 14th 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months I Days I If less than one day hr. min.

9. Birthplace Near Warren Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 7

12. Name John Zimmermann

13. Birthplace Stattgard, Germany
(City, town, or county) (State or foreign country)

14. Maiden name Rosine Heberly

15. Birthplace Brittenen Canton Aargon, Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ralph Zimmermann

(b) Address New Florence, Missouri

17. (a) Burial (b) Date thereof June 17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hugo Cemetery

18. (a) Signature of funeral director Boader

(b) Address Americus, Mo.

19. (a) June 22-1940 (b) Blanche Scholler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town New Florence, Mo. RFD # 3
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th
year 1940 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from May 13
1940 to June 15 1940;
that I last saw her alive on June 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 4 da.

Due to Cerebral Hemorrhage 14 da.

Due to arterio sclerotic nephritis ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 171 PHYSICIAN

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?

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

23. Signature James O. Helm (M. D. or other)

*Address New Florence Mo. Date signed 7/1/40

WRITE PLAINLY—USE 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 _____

Durward B. Baker, Registered Apprentice No. _____

working under my personal supervision.

Signed

Durward B Baker

Licensed Embalmer No.

3375308, Mo.

P. O. Address

37 Americus, 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.