

FILED AUG 16 1940

Registration District No. _____

Primary Registration District No. 1

Registrar's No. 181

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Grim-Smith Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 weeks
(Specify whether)
 In this community 38 yrs
years, months or days

3. (a) PRINT FULL NAME Henry DeVries 162
 3. (b) If veteran, name war no
 3. (c) Social Security No. 210

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Jean DeVries
 6. (c) Age of husband or wife if alive Death years
 7. Birth date of deceased July 12 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>0</u>	<u>17</u>	hr. _____ min.

9. Birthplace St. Jacobi Parochi, Freeland, Netherlands
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Stock Man

11. Industry or business _____

MOTHER FATHER {
 12. Name Jan E. DeVries
 13. Birthplace St. Jacobi, Netherlands
(City, town, or county) (State or foreign country)
 14. Maiden name Sietse Steensma
 15. Birthplace St. Jacobi, Netherlands
(City, town, or county) (State or foreign country)

16. (a) Informant Henry DeVries
 (b) Address Green City, Mo

17. (a) Burial (b) Date thereof July 30, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Glessie E Kent
 (b) Address Green City, Mo

19. (a) July 30/40 (b) Spencer L. Heenan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Sullivan
 (c) City or town Rural
(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.? 59 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th
 year 1940 hour 12 minute 54 A. M.

21. I hereby certify that I attended the deceased from June 11, '40
 to July 29, 1940
 that I last saw him alive on July 28, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral metastatic carcinoma
 Duration 48 da.
 Due to Carcinoma recto-sigmoid 2 1/2 yrs

Due to _____
 Other conditions 46
(Include pregnancy within 3 months of death)

Major findings: Biopsy: 5-6-38- Adenocarcinoma of the rectum
 Of autopsy _____
 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?

3 While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature E. Sanborn Smith (M. D. or other) 1
 Address E. Sanborn Smith, M. D. Date signed 7-31-40

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

Stovanna ~~*Stovanna*~~

RECEIVED

District Health Officer No. 10

District File Number 8-40-1652

Date Filed AUG 15 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

.....Registered Apprentice No.

working under my personal supervision.

Signed

Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Shrewsbury, Mass

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, fact should be so stated above.