

Registration District No. 97 Primary Registration District No. 4059

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Kidder
(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 (Specify whether years, months or days) 160

3. (a) PRINT FULL NAME Lelia BELLE DEVER

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

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

6. (b) Name of husband or wife A.M. DEVER 6. (c) Age of husband or wife if alive years 6

7. Birth date of deceased July 6 1888 (Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation 8

11. Industry or business

12. Name Henry Diller 9

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

14. Maiden name Mary Ethel (State or foreign country)

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

16. (a) Informant Mrs Perry Reed (b) Address Coffey Mo

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

18. (a) Signature of funeral director O. L. Robinson (b) Address Gamersport Mo

19. (a) (Date received local registrar) (b) H. F. Fawcett (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell
(c) City or town Kidder (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 July day 31 year 1940 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 2nd 1942, to July 31, 1942, that I last saw her alive on July 31, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Congestive heart failure

Due to Other conditions (Include pregnancy within 3 months of death) A.C.

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?

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

23. Signature A. L. Derway M.D. or other 3 Address Kidder Mo Date signed Aug 5, 1940

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

3

RECEIVED

District Health Officer No. 21,

District File Number

846-1075
AUG 12 1940

Date Filed

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Orvil Robinson

Licensed Embalmer No. 4101

P. O. Address

Jamiesport, N.C.

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.