

MAR 11 1941
Registration District No. **83**

Primary Registration District No. **1001**

Registrar's No. **235**

1. PLACE OF DEATH: **Buchanan**
 (a) County: **Buchanan**
 (b) City or town: **St. Joseph, Mo.**
 (c) Name of hospital or institution: **St. Joseph Sisters Hospital**
 (d) Length of stay: In hospital or institution: **4 months**
 In this community: **4 months**

2. USUAL RESIDENCE OF DECEASED:
 (a) State: **Missouri** (b) County: **Caldwell** / **3**
 (c) City or town: **Rural.**
 (d) Street No.: **Cameron**
 (e) If foreign born, how long in U. S. A.: **No** / **1** years.

3. (a) PRINT FULL NAME: **Marion DeVoy**
 3. (b) If veteran, name war: **No**
 3. (c) Social Security No.: **No**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month: **Feb.** day: **25** year: **1941** hour: **11:25** P.M. minute: **0**

4. Sex: **Female** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Single**
 6. (b) Name of husband or wife: **None** 6. (c) Age of husband or wife if alive: **None** years

21. I hereby certify that I attended the deceased from **Jan 13** 1941 to **Feb 25** 1941 that I last saw her alive on **Feb 25** 1941 and that death occurred on the date and hour stated above.

7. Birth date of deceased: **April 17 1905**
 (Month) (Day) (Year)

8. AGE: Years: **35** Months: **10** Days: **8** If less than one day: **hr. min.**

Immediate cause of death: **Coronary occlusion**
 Due to: **Infarction**
 Due to: **None**

9. Birthplace: **Moravia Iowa**
 (City, town, or county) (State or foreign country)
 10. Usual occupation: **Senior Clerk**
 11. Industry or business: **Soil conservation service**
 12. Name: **Daniel DeVoy**
 13. Birthplace: **Aurora Ill.**
 (City, town, or county) (State or foreign country)
 14. Maiden name: **Emma Dietrich**
 15. Birthplace: **Utica Mo**
 (City, town, or county) (State or foreign country)

Other conditions: **Coronary artery 3 mm**
 (Include pregnancy within 3 months of death)

16. (a) Informant: **Katharine Kinsella**
 (b) Address: **Cameron Mo**
 17. (a) **Burial** (b) Date thereof: **2-28-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: **Hamilton, Mo.**
 18. (a) Signature of funeral director: **Paland Funeral Home**
 (b) Address: **Cameron, Mo**
 (c) Date received local registrar: **Feb 26-41** (Registrar's signature): **H. Westbush**

Major findings: **None**
 Of operations: **None**
 Of autopsy: **None**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify): **None**
 (b) Date of occurrence: **None**
 (c) Where did injury occur?: **None**
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 23. Signature: **John J. Byrne** (M. D. or other): **M.D.**
 Address: **St. Joseph** Date signed: **2-26-41**

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

MOTHER FATHER

Duration: **13 days**
 Underline the cause to which death should be charged statistically.

corby 1344

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

Jimmy Scott Hickshorn

Licensed Embalmer No. *4092*

P. O. Address *Cameron, Mo*

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

If this body is not embalmed, fact should be so stated above.