

Filed **OCT 13 1941**
Registration District No. **299**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Menorah Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether
In this community **1 day** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3707 Madison**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Infant DeVault**

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

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

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **September 19, 1941**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-- -- **1** hr. min.

9. Birthplace **Kansas City, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Harry DeVault**

13. Birthplace **Cleburne, Texas**
(City, town, or county) (State or foreign country)

14. Maiden name **Virginia Crouch**

15. Birthplace **Cottonwood Falls, Ks.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry DeVault**

(b) Address **3707 Madison**

17. (a) **Burial** (b) Date thereof **9/20/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Strong City, Mo.**

18. (a) Signature of funeral director **Quirk Eng. Tabin Co.**

(b) Address **St. C. Ind.**

19. (a) **9/21-41** (b) **M. M. Crown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **20**
year **1941** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Sept 19**
1941 to **Sept 20** 1941
that I last saw him alive on **Sept 19** 1941
and that death occurred on the date and hour stated above.

Immediate cause of death **Aspiration
Pneumonia**

Due to **Aspiration of Accumulated Milk**

Due to _____

Other conditions **10/1/41**
(Include pregnancy within 3 months of death)

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?

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

23. Signature **P. Peterson** (M. D. or other) _____
Address **300 W. 47th** Date signed **9/20/41**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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..... 

Licensed Embalmer No. 4097

P. O. Address..... K.C. 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, fact should be so stated above.