

Registration District No. **394**

Primary Registration District No. **1002**

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: **Lakeside Hospital, 13**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 days**  
(Specify whether  
In this community **31 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson, 48**  
(c) City or town **Kansas City, 3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Berkshire Hotel, 8**  
(If rural, give location)  
(e) Citizen of foreign country? **D** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mrs. Kara K. DeVorss**

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

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

6. (b) Name of husband or wife **J. T. DeVorss** 6. (c) Age of husband or wife if alive **dec.** years

7. Birth date of deceased **March 4th 1872**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**69 6 24** hr. min.

9. Birthplace **Missouri, 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **School Teacher,**

11. Industry or business **x**

MOTHER FATHER { 12. Name **G. B. Kimball,**  
13. Birthplace **Missouri, 0**  
(City, town, or county) (State or foreign country)  
**Narvey Hill,**

14. Maiden name \_\_\_\_\_  
15. Birthplace **Virginia, 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul Burzard,**  
(b) Address **Kansas City, Mo.**

17. (a) **Cremation,** (b) Date thereof **10-1-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery,**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **9/30/41** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **28th,**  
year **1941** hour **6:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **9-28**  
19**41** to **9-28** 19**41**  
that I last saw **ex** alive on **9-28** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Kidney, Heart and J. Venous Disease.**

Due to \_\_\_\_\_  
Due to **12/10**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations **none 12/10**  
Of autopsy **none 12/10**

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?

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

23. Signature **L. J. Burman** (Date or other) **9:00**  
Address **811 Chambers** Date signed **9-30**

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

Dr. L. G. Graham,

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**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 Felix Remy

Licensed Embalmer No. H127

P. O. Address Kansas City, 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.**