No. 2
1-4-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35866

Registration District No. 735 Primary Registration District No. 3034 Registrar's No. N16

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 464 Burkhart
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88
(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")
(d) Street No. 464 Burkhart 3
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ira Harold Devenport

3. (b) If veteran, name war
3. (c) Social Security No. 491-07-2361

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gladys Devenport
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 16th (Day) 1905 (Year)

8. AGE: Years	Months	Days	If less than one day
36	5	8	hr. min.

9. Birthplace (City, town, or county) Omo (State or foreign country)
10. Usual occupation Feed mixer
11. Industry or business F.M. Stamper Co.

FATHER
12. Name Ira C. Devenport
13. Birthplace (City, town, or county) Omo (State or foreign country)

MOTHER
14. Maiden name Sarah Hadd
15. Birthplace (City, town, or county) Omo (State or foreign country)

16. (a) Informant Mrs Gladys Devenport
(b) Address Moberly
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 26th (Day) 1941 (Year)
(c) Place: burial or cremation Moberly Mo
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) Oct 25th 41 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24th
year 1941 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from none
19 to 19
that I last saw him alive on Oct 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by shooting 38 Colbin Revolver bullet into his brain
Due to
Due to Coroners case
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Oct 24 6:45 AM
(c) Where did injury occur? Moberly (City or town) Randolph (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home
(Specify type of place)
While at work? (e) Means of injury Coroner
23. Signature H.C. Griffith (M.D. or other)
Address Moberly Mo Date signed 10-26th 41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-41-2050
Date Filed NOV 13 1941

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly Mo

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

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