

Registration District No. 411

Primary Registration District No. 2602

1. PLACE OF DEATH:

(a) County. Jasper
(b) City or town. Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1028 McKinley St., Joplin, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jasper
(c) City or town. Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1028 McKinley
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marie Ann Devaney

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

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

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

7. Birth date of deceased January 17 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 5 3 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Shade

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

14. Maiden name Martha Ann Coombs

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

16. (a) Informant Ferdinand Devaney
(b) Address 1028 McKinley

17. (a) Burial (b) Date thereof May 22 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park;

18. (a) Signature of funeral director Parker Hunsaker
(b) Address 1502 Joplin St. Joplin, Mo.

19. (a) 5-22-42 (b) Antonia Sudholtz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day May
year 1942 hour 9 minute 40 AM

21. I hereby certify that I attended the deceased from 4-2-42 19____ to 5-20-42 19____
that I last saw him alive on 4-2-42 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of tonsil & lungs; Rectum
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of, operations _____
Of autopsy _____

Duration one yr
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 Walter Hunsaker (M. D. or other) _____
Address Joplin Mo Date signed 5/21/42

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

MOTHER FATHER

1207

(Licensed Embalmer's Statement on Reverse Side)

425-463

APR 17 1943

APR 17 1943

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.