

FILED JUL 14 1942

Registration District No. **16-7-7** Primary Registration District No. **14-0-35901** Registrar's No. **73**

81  
80  
7  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County **Shelby**  
 (b) City or town **Reels Rr. Mo.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether  
 In this community.....  
 years, months or days)

**3. (a) PRINT FULL NAME** **John Devine**  
**3. (b) If veteran,** name war..... **3. (c) Social Security** No.....

**4. Sex** **m** **5. Color or race** **w**  
**6. (b) Name of husband or wife**..... **6. (c) Age of husband or wife if** **single**  
 alive..... years  
**7. Birth date of deceased** **Aug. 4, 1862**  
 (Month) (Day) (Year)

**8. AGE:** Years **79** Months **10** Days **21** If less than one day  
 hr. min.

**9. Birthplace** **Battleboro Vermont**  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** **Farming**

**11. Industry or business**

**MOTHER FATHER**  
**12. Name** **Daniel Devine**  
**13. Birthplace** **Ireland**  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** **Burningham**  
**15. Birthplace** **Ireland**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **Daniel Devine Jr.**  
**(b) Address** **St. Louis, Mo.**

**17. (a) (Burial, cremation, or removal)** **Burial** **(b) Date thereof** **June 24, 1942**  
 (Month) (Day) (Year)  
**(c) Place; burial or cremation** **Reels Rr. Mo.**

**18. (a) Signature of funeral director** **Will Allen**  
**(b) Address** **Reels Rr. Mo.**

**19. (a) (Date received local registrar)** **6-25-42** **(b) (Registrar's signature)** **J. Ellis Walker**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Shelby**  
 (c) City or town **Reels Rr. Mo.**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **Route # 1**  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **June** day **25**  
 year **1942** hour **2 AM** minute..... M.

**21. I hereby certify that I attended the deceased from** **June 24, 1942**  
**that I last saw him alive on** **June 24, 1942**  
**and that death occurred on the date and hour stated above.**

**Immediate cause of death** **Senility**  
**Arteriosclerosis**

**Due to**.....  
**Due to**.....

**Other conditions**.....  
 (Include pregnancy within 3 months of death) **97**

**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**.....  
**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)  
**(c) Means of injury**.....  
**23. Signature** **James B. Jones** (M. D. or D. O.)  
**Address** **Null Bldg., Reels, Mo.** **Date signed** **6-25-42**

**Duration** **20yr**  
**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..... *S. L. Jones*.....  
Licensed Embalmer No..... *3397*.....  
P. O. Address..... *Rolla, 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.**