

FILED OCT 8 1942

Registration District No. **217**

Primary Registration District No. **5786**

Registrar's No. **81**

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

1. PLACE OF DEATH:

(a) County **MISSISSIPPI**

(b) City or town **CHARLESTON - RURAL**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **RFD # 31**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 week** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **KENTUCKY** (b) County **HICKMAN** <sup>9917</sup>

(c) City or town **HICKMAN** <sup>15</sup>  
(If outside city or town limits, write "RURAL") **0**

(d) Street No. **Gen Del** (If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country **NONE** <sup>2</sup>

3. (a) PRINT FULL NAME **BUSTER DEVERS**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Months **SEPT** day **16<sup>TH</sup>**  
year **1942** hour **12** minute **35 P.M.**

4. Sex **MALE** 5. Color **2** COLOR

6. (a) Single, widowed, married, divorced **1** **MARRIED**

21. I hereby certify that I attended the deceased from **No Medical attendance** 19  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **RELLA DEVERS** 6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **not known**  
(Month) (Day) (Year)

Immediate cause of death **Acute Myocarditis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE: Years **42** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **938**

Of autopsy \_\_\_\_\_

9. Birthplace **NOT KNOWN** <sup>9</sup>  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation **DAY LABORER**

11. Industry or business **FARMING**

12. Name **FRANK DEVERS**

13. Birthplace **MISSISSIPPI** <sup>1</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name **Not known**

15. Birthplace **Not known** <sup>9</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant **RELLA DEVERS**

(b) Address **CHARLESTON, MO R#3**

17. (a) **BURIAL** (b) Date thereof **9-19-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove - Charleston, Mo**

18. (a) Signature of funeral director **John P. ...**

(b) Address **Charleston, Mo**

19. (a) **9/20/42** (b) **D. S. Moore**  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

23. Signature **James Shelby** <sup>3</sup> **Coroner**  
(M, D or other)

Address **Last Prairie, Mo** Date signed **9/22/42**

#P

RECEIVED

District Health Office No. 2,

District File Number 1042-1268

Date Filed 10-6-42

JAN 1 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.

*Not Embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.