. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

84

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 11 1942

Registration District No. 282

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3055

State File No. 34568

Registrar's No.

1. PLACE OF DEATH:

(a) County: polk

(b) City or town: Bolivar Twn

(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 years, months or days)

In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED: 84

(a) State: Mo (b) County: polk

(c) City or town: Bolivar Mo /

(If outside city or town limits, write "RURAL")

(d) Street No. .....

(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: ()

3. (a) PRINT FULL NAME: Elizah Clayton Devin

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Amanda

6. (c) Age of husband or wife if alive: 86 years

7. Birth date of deceased: March (Month) 3 (Day) 1852 (Year)

8. AGE: Years 90 Months 6 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace: Bolivar - polk (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Ritired Farmer

11. Industry or business: .....

FATHER

12. Name: Smith C. Devin

13. Birthplace: (Unknown) (City, town, or county) Tenn / (State or foreign country)

MOTHER

14. Maiden name: Nancy Rebecca Williams

15. Birthplace: (Unknown) (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Amanda Devin

(b) Address: Bolivar Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 1, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Green Wood

18. (a) Signature of funeral director: Oby Jester of Hutchesin

(b) Address: Bolivar Mo

19. (a) 10-2-1942 (Date received local registrar) (b) Alice Palen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1942 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 1st, 1942, to Sept 28, 1942 that I last saw him alive on Sept 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Senility

Nephrosclerosis

Due to .....

Due to .....

Other conditions: Hypertension

(Include pregnancy within 6 months of death)

Major findings:

Of operations: 1/2/a

Of autopsy .....

Duration

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? ..... (Specify type of place)

(e) While at work? ..... (e) Means of injury: (0)

23. Signature: E. B. Hoeman (M. D. or other)

Address: 242 West Ave Bldg, Springfield Date signed: 10-1-42

1294

(Licensed Embalmer's Statement on Reverse Side)

Burial permit

RECEIVED
District Health Officer No. 7,
District File Number 11-42-1140
Date Filed 11-4-42

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 Oby Jester

Licensed Embalmer No. 4154

P. O. Address Bolivar 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.