

FILED DEC 18 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

39646

Registrar's No. _____

4515

Registration District No. _____

Primary Registration District No. _____

1002

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

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 519 Woodland
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 519 Woodland Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Chas. Devers

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

4. Sex Male 5. Color or Race Wh. 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Emma Devers 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased Mar. 29 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 5 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Geo. Devers
 13. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Devers
 (b) Address 519 Woodland Ave.

17. (a) Burial (b) Date thereof Dec. 7th. 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director: Eylar Funeral Home

(b) Address 1800 Linwood Bldg.

19. (a) 12-5-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 4 day _____ year 1942 hour 1 minute 0 M.

21. I hereby certify that I attended the deceased from Aug. 1942 to Dec 4 1942

that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach Duration _____

Due to Al B

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____

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 Albert Harmon (M. D. or other) _____

Address 318 Harmon Bldg. K.C.K. Date signed Dec 4 1942

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.....

Chas Weeks

Licensed Embalmer No.....

2644

P. O. Address.....

1500 Linwood

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.