No. 2
—5-42
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5128

Registrar's No. 863

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: 3010 Walrond Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 17 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Mo. (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3010 Walrond
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robt. Lee DeVasher

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 Ireme DeVasher

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April (Month) 13 (Day) 1871 (Year)

8. AGE: Years 71 Months 10 Days ~~6~~ 5 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) 09 (State or foreign country)

10. Usual occupation Contractor floor sander

11. Industry or business retired

FATHER
12. Name John DeVasher
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Irene DeVasher
(b) Address 3010 Walrond

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Febr. 20-43 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty near Warrensburg

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C.Mo.

19. (a) 2-19-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18 18th
year 1943 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Feb 18th 43 to Feb 18 1943
that I last saw him alive on Feb 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	few hrs
Due to 94a	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H C Trippe (M. D. or other) MD
Address 1022 Argyle Bldg Date signed 2/19/43

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(Licensed Embalmer's Statement on Reverse Side)

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 Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linewood

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.