

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

31240

State File No. \_\_\_\_\_

Registrar's No. 1028

Registration District No. \_\_\_\_\_

Primary Registration District No. 1000

1. PLACE OF DEATH  
 (a) County Buchanan  
 (b) City or town St. Joseph  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution  
 Missouri Methodist Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 hours  
 In this community Lifetime  
 (Specify whether years, months or days)

3. (a) PRINT Daniel Dee McDevitt  
 FULL NAME

3. (b) If veteran, None  
 name war \_\_\_\_\_ 3. (c) Social Security None  
 No \_\_\_\_\_

4. Sex male 5. Color or White  
 race \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 13, 1943  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 0 0 2 hr. min.

9. Birthplace Route # 2, Rushville, Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business None

12. Name John Henry McDevitt

13. Birthplace Atchison County, Kansas

14. Maiden name Alice Katherine Eirls

15. Birthplace Dester, Nebraska

16. (a) Informant John Henry McDevitt (Father)

(b) Address Route # 2, Rushville, Missouri

17. (a) Burial (b) Date thereof 9/16/43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeKalb, Cemetery

18. (a) Signature of funeral director John E. Campbell  
 (b) Address 6054 Pryor Ave., City

19. (a) 9/16/43 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph Rushville,  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. # 2  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15th  
 year 1943 hour 12:15 minute P.M.

21. I hereby certify that I attended the deceased from  
 Sept 13, 1943 to Sept 15, 1943  
 that I last saw him alive on Sept 15, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
 Congenital atelectasis

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

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death)  
 1610

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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)  
 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 E. L. P. [Signature] (Physician or other)

Address De Kalb, Mo. Date signed 9-15-43

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

MOTHER FATHER

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 Body was not embalmed Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.