S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 21 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7399

State File No.

Registration District No. 135

Primary Registration District No. 5579

Registrar's No. 4

49
6
0

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Mineral Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Co T B Hospital O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months (Specify whether
In this community 53 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~Jasper~~ Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 2146 Empire (If rural, give location) 5
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Ferdinand De Vaney

3. (b) If veteran, name war —

3. (c) Social Security No. 500-09-2032

4. Sex M

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 8 (Day) 1890 (Year)

8. AGE: Years 53 Months 9 Days 4 If less than one day hr. min.

9. Birthplace Jasper Co (City, town, or county) Mo O (State or foreign country)

10. Usual occupation Miner

11. Industry or business Carpenter

FATHER
12. Name Wm N. De Vaney
13. Birthplace Kansas (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name M. B. Owen
15. Birthplace Mo (City, town, or county) O (State or foreign country)

16. (a) Informant Records
(b) Address

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/14/44 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) Feb. 14 1944 (Date received local registrar) Mrs. Lillie Lagle (Registrar's signature)

1180

209
21/44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12
year 1944 hour 9 minute 35 a M.

21. I hereby certify that I attended the deceased from Sept 14, 1943, to Feb 12, 1944
that I last saw him alive on Feb 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Silico-Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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)
While at work? (e) Means of injury O

23. Signature Jesse E. Douglas (M. D. ~~or other~~)
Address Webb City Mo Date signed 2/14/44

(Licensed Embalmer's Statement on Reverse Side)

MAR 16 1944

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.