V. S. No. 2
100M—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34004
State File No.

Registration District No. 73 Primary Registration District No. ~~3014~~ 5291 Registrar's No. 90

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

24
0
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1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Liberty Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Floyd S. DEVER
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Bertie Dever
6. (c) Age of ~~husband or~~ wife if alive 60 years
7. Birth date of deceased March (Month) 26 (Day) 1880 (Year)

8. AGE: Years 64 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Liberty (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer & Stockman
11. Industry or business
FATHER
12. Name Eldridge Dever
13. Birthplace (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Elizabeth Yates
15. Birthplace Clay Co (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs Bertie Dever
(b) Address R#1 Liberty, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview - Liberty - Mo
18. (a) Signature of funeral director Church & Archer Co
(b) Address Liberty - Mo
19. (a) Oct 7-44 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct. day 5 year 1944 hour 2 AM ~~minute~~ ~~M.~~
21. I hereby certify that I attended the deceased from Oct 1, 1937, to Oct 5, 1944 that I last saw him alive on Oct 4, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	Sudden
Due to	
Due to 94a	
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 Glenn W. Hendrix (M. D. ~~or other~~)
Address Liberty, Mo Date signed 10/6/44

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 11-8-44

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 Edgar Archer.

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.