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

. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

Registration District No. 4287

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4214

State File No. 31-24324

Registrar's No. 172

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Deepwater (If outside city or town limits, write "RURAL" and name of township) Missouri
(c) Name of hospital or institution: In sisters Home (If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Wisdom Missouri (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Henry Devine

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Myrtle Devine

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan 11 (Month) (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	8	26	hr. min.

9. Birthplace Brownington (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Michael Devine

13. Birthplace — (City, town, or county) — (State or foreign country)

14. Maiden name Unknown

15. Birthplace — (City, town, or county) — (State or foreign country)

16. (a) Informant Myrtle Devine

(b) Address Wisdom Mo.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 10-8-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Leonium Mo

18. (a) Signature of funeral director Jay Hynes

(b) Address Deepwater, Mo

19. (a) October 7, 1944 (Date received local registrar) **(b)** Georgia Kitchen (Registrar's signature)

1169

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7th year 1944 hour 6 a.m. minute — A.M. — P.M.

21. I hereby certify that I attended the deceased from Sept 22 1944, 19..., to Oct 6th 1944, that I last saw h**im** alive on Oct 6th, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Heart attack	Duration
Due to	Carcinoma of Liver	
Due to	Hardening of Arteries	
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? In sisters home (Specify type of place)
While at work? (e) Means of injury

23. Signature Laura E Herrie MD (Attending physician or other)
Address 506 E Jefferson Clinton Mo Date signed 10/7/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-44-1269
Date Filed 11-8-44

50 6 Jeff

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 Tom Hurst

Licensed Embalmer No. 2782

P. O. Address Desperates, 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.