S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40068

FILED DEC 22 1944

Registration District No. 1449

Primary Registration District No. 1002

Registrar's No. 4902

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: 1310 East Armour
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community 25 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson, 48

(c) City or town: Kansas City, 5
(If outside city or town limits, write "RURAL")

(d) Street No.: 5541 Kenwood, 8
(If rural, give location)

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

3. (a) PRINT FULL NAME: Mrs. Matilda Jane DeVaney

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: unknown,

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

7. Birth date of deceased: October (Month) 10 (Day) 1861 (Year)

8. AGE: Years 83 Months 1 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace: Indiana (City, town, or county) (State or foreign country)

10. Usual occupation: at home,

11. Industry or business: x

MOTHER FATHER

12. Name: John Oldham

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

14. Maiden name: Minerva Andrews,

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

16. (a) Informant: H. D. Patterson,

(b) Address: 6832 Cherry, Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-7-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Pleasant Hill, Mo.

18. (a) Signature of funeral director: Stine & McClure,

(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) DEC 5 1944 (Date received local registrar) (b) J E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th year 1944 hour 6:10 minute P. M.

21. I hereby certify that I attended the deceased from Jan 4, 1943, to Dec. 4th, 44, that I last saw her alive on 12/4/44, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic (Chron) Pneumonia	1 wk.
Due to: Senility + Hip Fracture	2 yr.
Due to: Fall at home	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 108	
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): ~~Acc~~

(b) Date of occurrence: 2 yrs ago

(c) Where did injury occur? Home (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? No (e) Means of injury: Fall on floor

23. Signature: Edward Allen (M. D. or other)

Address: Prospect Mo Date signed: 12-5-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. P. Heller

Prof. Bldg.

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 S. J. Allen

Licensed Embalmer No. 1415

P. O. Address K. C. 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.