U. S. No. 2
10M—5-42
Rev. 5-17-39
P-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41129

Registration District No. FILED DEC 21 1944 Primary Registration District No. 2000 Registrar's No. 873

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1702 Mt. Vernon (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days) In this community 21 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Waynesville (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME Margaret Leta DeVere

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles V. DeVere

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

7. Birth date of deceased March (Month) 10, (Day) 1896 (Year)

8. AGE: Years 48 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation In Home

11. Industry or business

FATHER 12. Name William Smith

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

MOTHER 14. Maiden name Luella B. Hildebrand

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

16. (a) Informant Mrs. Edna Calton

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof December 4, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Waynesville, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 12-4-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2, year 1944 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov 9 1944, 19, to Dec 2, 1944, that I last saw him alive on Dec 1 - 1944, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Embolism	
Due to Post operative	
Due to 56	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Hemorrhagic Uterus with Polyps & Cervicitis — Benign

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 Joseph E. Jones (M. D. or other)

Address Springfield Mo Date signed 12-4-44

(Licensed Embalmer's Statement on Reverse Side)

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

148
2-45

FEB 27 1946

JAN 6 1945

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. 2.....,

working under my personal supervision.

MAY

Signed Lewis G. Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.