S. No. 2
1—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33830

State File No.

FILED NOV 23 1945

Registration District No. 1

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: 207 East 21st St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 46 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy 40

(c) City or town Trenton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 207 East 21st St 2
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME William Otis DeVaul

3. (b) If veteran, name war World War II

3. (c) Social Security No. 493-18-5750

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased January (Month) 19 (Day) 1899 (Year)

8. AGE: Years 46 Months 8 Days 8 If less than one day hr. min.

9. Birthplace Trenton (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Cook

11. Industry or business Restaurant

FATHER
12. Name Green C. DeVaul
13. Birthplace Trenton (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Kittie Grimes Spont
15. Birthplace Trenton (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Dale DeVaul
(b) Address Trenton Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct 30, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation K of P Cemetery

18. (a) Signature of funeral director Dan Frame Hamm
(b) Address Trenton Mo.

19. (a) 10-30-45 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27
year 1945 hour 11:50 minute P M.

21. I hereby certify that I attended the deceased from Oct 27, 1945, to Oct 27, 1945
that I last saw him alive on Oct 27, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Alcoholism (Chronic)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 77d	

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 E. A. Duffy (M. D. or ~~other~~)
Address Trenton Mo. Date signed Oct 29 1945

1451

(Licensed Embalmer's Statement on Reverse Side)

NOV 6 1945

NOV 19 1945

FEB 28 1947

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~~ Myself, Registered Apprentice No. _____, working under my personal supervision.

Signed Robert B. Waves

Licensed Embalmer No. 4219

P. O. Address Trenton, 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.