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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** JAN 5 1946  
Registration District No. 387

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40883  
Registrar's No. 6

Primary Registration District No. 4085

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

1. PLACE OF DEATH:  
(a) County. Cape Girardeau  
(b) City or town. Hale  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether  
In this community. 50 yrs  
years, months or days)

3. (a) PRINT FULL NAME Fetney Jane DeVore  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W.  
6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife Silas DeVore  
6. (c) Age of husband or wife if alive decd years 31 1853  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 92 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Parisfield Ill (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name George Maliton

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

14. Maiden name Marina Moller

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

16. (a) Informant Mrs. S. S. Patton  
(b) Address Hale Mo  
(c) Place: burial or cremation Cape Girardeau Mo

18. (a) Signature of funeral director Frank E. States  
(b) Address Hale Mo

19. (a) Dec. 8, 1945 (Date received local registrar) (b) Mrs. Rex Henderson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State. Mo (b) County. Combs  
(c) City or town. Nale (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 \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 4 year 1945 hour 9 minute A M.  
21. I hereby certify that I attended the deceased from Dec 3 to Dec 4, 1945  
that I last saw her alive on Dec 3 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic endocarditis  
Aortic Regurgitation  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 928  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(c) 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 2  
23. Signature D. A. D. Welsh (M. D. or other) DD  
Address Hale Mo Date signed 12-5-45

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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**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

*Frank E. Slater*

Licensed Embalmer No.....

*937*

P. O. Address.....

*706 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.