

S. No. 2  
M-5-43  
7. 5-17-39  
P I X36671

State File No. **27086**  
Registrar's No. **3526**

**FILED** AUG 27 1946

Registration District No. **149** Primary Registration District No. **1002**

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

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: **General Hospital No. 10**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days**  
(Specify whether years, months or days)

In this community **4 days**

3. (a) PRINT FULL NAME **Arthur Dever**

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 **Mrs. Clara Dever**

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

7. Birth date of deceased **January 19 1883**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>63</b>	<b>6</b>	<b>27</b>	<b>6</b> hr. <b>0</b> min.

9. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Blacksmith and Horseshoeing**

11. Industry or business **X**

MOTHER FATHER {

12. Name **George Dever**

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

14. Maiden name **Butler**

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

16. (a) Informant **Mrs. Clara Dever**

(b) Address **511 W. Church, Champaign, Illinois**

17. (a) **removal** (b) Date thereof **8-15-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Champaign, Illinois**

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

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

19. (a) **8-15-46** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **999**

(c) City or town **Champaign** **11**  
(If outside city or town limits, write "RURAL")

(d) Street No. **511 W. Church** **0**  
(If rural, give location)

(e) Citizen of foreign country? **no.** **21**  
(Yes or No)

If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **15**  
year **1946** hour **2** minute **40** P.M.

21. I hereby certify that I attended the deceased from **August 13 1946** to **August 15 1946**  
that I last saw him alive on **August 15 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebrovascular accident**

Due to.....

Due to.....

Other conditions **1**  
(Include pregnancy within 3 months of death)

Major findings: **83w**  
Of operations.....

Of autopsy **None**

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?  
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **Wm W. Hart** (M. D. or other) **MD**  
Address **Med. Dir. Gen'l Hosp.** Date signed **8-15-46**

*R. Whitehouse*

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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

*J. C. Klein*

Licensed Embalmer No. *4179*

P. O. Address. *S. O. Post 1*

**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.**