

FILED JUL 26 1947

Registration District No. 101

Primary Registration District No. 4173

Registrar's No. 101713

1. PLACE OF DEATH:
 (a) County Douglad
 (b) City or town Ava
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: London
 (a) State Missouri (b) County Douglas
 (c) City or town Ava
 (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 James Devers
 (b) If veteran, name war NO
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 1
 year 1947 hour 5 minute 30 A. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Unknown Unknown 1948
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

8. AGE: Years 89 Months Uk Days Uk If less than one day _____ hr. _____ min.

Duration _____
 Due to _____
 Due to _____

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

Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation Laborer

Major findings:
 Of operations _____
 Of autopsy _____
 ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER {
 12. Name Gardner Devers
 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 14. Maiden name Betty
 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Ethel Sullivan
 (b) Address Ava Mo Re

17. (a) Burial (b) Date thereof 4-2-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Everet

18. (a) Signature of funeral director Clinkingbeard Funeral
 (b) Address Ava, Missouri

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? _____

19. (a) Apr 17-47 (b) Vestal Bushman
 (To be received local registrar) (Registrar's signature) 84

23. Signature Vestal Bushman M. D. or other _____
 Address Ava, Mo Date signed 7-2-47

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

RECEIVED

District Health Officer No. 61

District File Number 747-780

Date Filed JUN 23 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W B Hutchinson

Licensed Embalmer No. 3431

P. O. Address Wm W

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.