2
47
39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31166

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4012

WRITE PLAINLY—USING 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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether

In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson

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

(d) Street No. Rural Route # 1
(If rural, give location)

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

If yes, name country Belgium

3. (a) PRINT FULL NAME FRANK PAUL DERVEAUX

3. (b) If veteran, name war No

3. (c) Social Security No. 705-16-1342

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife No

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

7. Birth date of deceased June 20, 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	3	1	hr. min.

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

10. Usual occupation Farm Laborer

11. Industry or business On Farm

FATHER
12. Name Servoux Derveaux
13. Birthplace Belgium
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eloide Labeauw
15. Birthplace Belgium
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur VanWalleghen

(b) Address Route 1, Shawnee, Kansas

17. (a) Removal (b) Date thereof 9/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shawnee Kansas

18. (a) Signature of funeral director E. Paul Cuvos

(b) Address Shawnee, Kansas

19. (a) 9-22-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21st day Sept year 1947 hour 6:50 minute A M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Sub dural Hematoma

Due to: Skull Fracture

Due to: Traumatic Injury

Other conditions (Include pregnancy within 3 months of death): (Type unknown)

Major findings: Deputy Coroner

Of operation

Of autopsy: See Above 1952

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) unknown

(b) Date of occurrence 9-20-47

(c) Where did injury occur? Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? City farm
(Specify type of place)

While at work? No (e) Means of injury trauma

23. Signature A. E. Ussher (M. D. or other) M.D.

Address 2800 Main Date signed 9/21/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Howard Farmer

Licensed Embalmer No. 4134

P. O. Address 20 N Linewood

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.