

Registration District No. 42

Primary Registration District No. 5134

1. PLACE OF DEATH:

(a) County: Buchanan
(b) City or town: Rural Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 1/2 Mi. So. of St. Joseph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: / (Specify whether life)
In this community: life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: R. R. #6, St. Joseph, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: John William DeVorss

3. (b) If veteran, name war: No 3. (c) Social Security No.: None

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Floriss DeVorss 6. (c) Age of husband or wife if alive: 42 years
7. Birth date of deceased: March 5 1902 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 9 20 hr. min.

9. Birthplace: St. Joseph Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farming

12. Name: Hiram DeVorss

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

14. Maiden name: Ida Robertson

15. Birthplace: Troy Kansas (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Floriss DeVorss

(b) Address: R. R. #6, St. Joseph, Mo.

17. (a) Burial (b) Date thereof: 12/27/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Heater Bowman
(b) Address: St. Joseph, Mo.

19. (a) Date received local registrar: 12-29-47 (b) Registrar's signature: E. G. Jenkins (c) Registrar's address: 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 25 year: 1947 hour: 9 minute: 20 AM

21. I hereby certify that I attended the deceased from March 1946 to Dec 25 1947 that I last saw him alive on Dec 24 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Rheumatic Endocarditis

Due to:

Due to:

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

Major findings: Of operations: 97c

Of autopsy:

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):

(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? (c) Means of injury:

23. Signature: Louis B. Secord (M. D. or other)

Address: 825 Charles St Date signed: 12-26-47

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

MOTHER FATHER

SEP 9 1949

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.....

William Spalding

Registered Apprentice No. *28*

working under my personal supervision.

Signed.....

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *319 5010th St. Joseph, 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.