S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1948

Registration District No. 949

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12531

Registrar's No. 1486

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: 709 WASHINGTON STREET
(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 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 709 WASHINGTON STREET 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME HENRY P. DEVANEY

3. (b) If veteran, name war WORLD WAR NO. 1

3. (c) Social Security No. 494-16-3503

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MARGARET DEVANEY

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

7. Birth date of deceased JUNE (Month) 6 (Day) 1895 (Year)

8. AGE: Years 52 Months 9 Days 26 If less than one day ..... hr. ..... min.

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

10. Usual occupation EMPLOYEE--HANLIN SUPPLY CO.

11. Industry or business ALSO GRIER CO.

FATHER
12. Name FRANK DEVANEY
13. Birthplace BOSTON (City, town, or county) MASS. (State or foreign country)

MOTHER
14. Maiden name LILLIE HENRY
15. Birthplace UNKNOWN (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant JOHN J. DEVANEY
(b) Address 1117 EAST 45th STREET

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 4-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation FORT LEAVENWORTH, KANSAS

18. (a) Signature of funeral director J. F. O'Donnell Co.
(b) Address 3256 BROADWAY

19. (a) 4-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 2
year 1948 hour 6 00 minute a M.

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

	Duration
Immediate cause of death Coronary sclerosis	
Due to Pulmonary Congestion	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93 d	
Major findings: Of operations	
Of autopsy yes as above	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James A Walker (M. D. or other) Coroner
Address 1424 Pryor Ave Date signed 4-2-48

(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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address KC 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.