

No. 2  
-8-43  
5-17-39  
I X37823

30648

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 1 1948

Registration District No. 2-80

Primary Registration District No. 6-964

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Platte County

(b) City or town Rural *Pitts*

(c) Name of hospital or institution: Weatherby Lake 3  
(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:

(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. 6117 Main Street 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Sinclair Devine

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd.  
year 1948 hour 3 minute 15 P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Male U

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased December 3rd. 1930  
(Month) (Day) (Year)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>17</u>	<u>8</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death accidental Drowning

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Kirkville Missouri U  
(City, town, or county) (State or foreign country)

10. Usual occupation Student

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 183

Of autopsy 26

11. Industry or business \_\_\_\_\_

12. Name Dr. Lawrence V. Devine

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

14. Maiden name Nancy C. Woods

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Dr. L. V. Devine

(b) Address 6117 Main Street K. C. Mo.

17. (a) Burial (b) Date thereof Aug 27 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman Mortuary

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

(a) Accident, suicide, or homicide (specify) 83

(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? \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Kansas City, Missouri

19. (a) Sept 8-48 (b) Clifford Rollins  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 3

23. Signature Tom H. Huletts  
Address Platte City Mo Date signed 8-22-48  
(M.D. or other)

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9-30-48

OFFICE OF THE DISTRICT HEALTH OFFICER  
DISTRICT OF COLUMBIA

DEC 7 1955

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 Emmer C. Weidelin

Licensed Embalmer No. 3495-

P. O. Address J. C. 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.