

FILED DEC 6 1948 42

Registration District No. ....

Primary Registration District No. 1000

Registrar's No. 1271

## 1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether years, months or days)

In this community 3 weeks

## 3. (a) PRINT FULL NAME

Jewel DeVall

## 3. (b) If veteran,

name war.....

## 3. (c) Social Security No.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Robt. H. DeVall

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept 18 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58 2 8 hr. min.

9. Birthplace Clinton Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

## 11. Industry or business

12. Name George Sawyer

13. Birthplace Andrew Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Emma McClure

15. Birthplace Clinton Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Robt. H. DeVall

(b) Address Filmore Mo.

17. (a) Burial (b) Date thereof 11-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Tom Stewart

(b) Address Stewart Mfg. Co.

19. (a) 12-1-48 (b) E. G. Jenkins  
(Date received local registrar) (Registrar's Signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

(d) Street No. "  
(If rural, give location)

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

If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 26  
year 1948 hour 8 minute :45 P.M.

21. I hereby certify that I attended the deceased from Sept 15 1948 to Nov 26 1948  
that I last saw her alive on see no 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Liver

Due to.....

Due to.....

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

## Major findings:

Of operations.....

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 Dr. W. J. Fuson (M. D. or other) MDAddress St. Joseph Mo. Date signed 11-30-48

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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. E. Sumner* *pres*

Licensed Embalmer No. *3007*

P. O. Address *Stewartsville 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.