

FILED JUN 29 1950

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20574**
Registrar's No. **243**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Independence**
c. LENGTH OF STAY (in this place) **9 years**
d. FULL NAME OF HOSPITAL OR INSTITUTION **1228 Hardy**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Independence** **0484**
d. STREET ADDRESS (If rural, give location) **1228 Hardy** **0**

3. NAME OF DECEASED
a. (First) **SARAH** b. (Middle) **ELIZABETH** c. (Last) **DeVORSS**
4. DATE OF DEATH (Month) (Day) (Year) **June 20 1950**

5. SEX **Female** **6. COLOR OR RACE** **White**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow** **2**
8. DATE OF BIRTH **June 25, 1873** **9. AGE** (In years last birthday) **76**
If UNDER 1 YEAR: Months _____ Days _____
If UNDER 10 HRS. _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Home**
10b. KIND OF BUSINESS OR INDUSTRY **X**
11. BIRTHPLACE (State or foreign country) **Excello, Missouri** **0**
12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **James Taylor** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **James William DeVorss**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. **None** **17. INFORMANT'S SIGNATURE OR NAME** **Mrs. Wm. E. DeVorss** **ADDRESS** **1810 Overton Indep. Mo**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Virus-Atypical Pneumonia**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Chest Cold**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Coronary Sclerosis**
INTERVAL BETWEEN ONSET AND DEATH **35 days**
491X
2 years

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from **May 16, 1950**, to **June 20, 1950**, that I last saw the deceased alive on **June 20, 1950** and that death occurred at **10:30 A.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **C. H. Allen M.D.** **23b. ADDRESS** **Independence, Mo** **23c. DATE SIGNED** **June 20/50**

24a. BURIAL CREMATION REMOVAL (Specify) **Burial** **24b. DATE** **June 22, 1950** **24c. NAME OF CEMETERY OR CREMATORY** **Masonic Cemetery** **24d. LOCATION** (City, town, or county) (State) **Jamesport, Missouri**

DATE REC'D BY LOCAL REG. **June 21-1950** **REGISTRAR'S SIGNATURE** **R. M. S. [Signature]** **358** **25. FUNERAL DIRECTOR'S SIGNATURE** **WILKS FUNERAL HOME, 2315 Linwood K.C. Mo** **ADDRESS** _____

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

484

JUN 26 RECD

Dr. Allen
First Nat Bank Bldg.
Indep, Mo.
From 4 to 6

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Chas E. Wiers

Signed.....
Student Embalmer

Licensed Embalmer No. *2644*

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.