

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

39055
Do not use this space.

1. PLACE OF DEATH

(a) County..... BUCHANAN Registration District No..... 85
 (b) Township.....
 or
 (c) City..... ST. JOSEPH (d) Street No..... 611 SHADY - AVE. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 39 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

JAMES - NOAH - DEVER
 (a) Residence, No. 611 SHADY - AVE. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Wht</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Flora Dever</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 23 - 1872</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>4</u>
	DAYS <u>25</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Steel Co.</u>	11. Total time (years) spent in this occupation <u>33 yrs</u>
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>operator (bus)</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Apr 19 1939</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Portsmouth Ohio</u>		
FATHER	13. NAME <u>Benj. Dever</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Rebecca Bennett</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Portsmouth Ohio</u>	
17. INFORMANT (ADDRESS) <u>Mr. Flora Dever St. Joseph Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mem. Park, Can.</u> DATE <u>Nov. 21 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Ray Plummer St. Joseph, Mo.</u>		
20. FILED <u>Nov 20 1939</u> <u>H. J. Nestlebud</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 1939

22. I HEREBY CERTIFY, That I attended deceased from July 24 1939, to Nov 18 1939. I last saw him alive on Nov 18 1939. Death is said to have occurred on the date stated above, at 4 PM. The principal cause of death and related causes of importance were as follows:
Carcinoma of Liver Date of onset May 1939
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 Other contributory causes of importance:
Secondary aneurysm July 1939
Chronic Prostatitis
 Name of operation None Date of _____
 What test confirmed diagnosis? Ex. & Lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) E. M. Shivers M. D.
 (Address) 3121 Kirkpatrick Bldg St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....
John H Hurley....., Registered Apprentice No.....
working under my personal supervision.

Signed *John H Hurley*
Licensed Embalmer No. *4050*
P. O. Address *2335 St Joseph*

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, above space should be left blank.