

BUREAU OF THE CENSUS
DEC 23 1941
Registration District No. 531Primary Registration District No. 5718

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Macon, Russell Twp.
(b) City or town Bucklin, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 37 Years
years, months or days3. (a) PRINT FULL NAME JOHN DEVINE3. (b) If veteran, name war No 3. (c) Social Security No. No4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Ellen O'Brien 6. (c) Age of husband or wife if alive 72 years7. Birth date of deceased Feb. 14 1864
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
77 9 13 hr. min.9. Birthplace Macon Co. Mo
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Timothy Devine
13. Birthplace Co. Gallway Ireland
(City, town, or county) (State or foreign country){ 14. Maiden name Bridgett Donnelly
15. Birthplace Kings Co. Ireland
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Edw. Edwards(b) Address Bucklin Missouri17. (a) Burial (b) Date thereof Nov. 29 41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt Killiard Marceline18. (a) Signature of funeral director James W. Laughlin(b) Address Marceline, Mo19. (a) Dec 4 41 (b) Mrs. Edw. Edwards
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Linn 5-8(c) City or town Bucklin Rural 0
(If outside city or town limits, write "RURAL") 8

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

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1941 hour 6 minute _____ p. M.21. I hereby certify that I attended the deceased from
11/3, 1941, to 11/26, 1941.that I last saw him alive on 11/9, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration

Coronary OcclusionDue to Chronic Myocarditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 223. Signature W. L. Edwards (M. D. or other) W. L. EdwardsAddress Bucklin, Mo. Date signed 11/27/41

RECEIVED

District Health Officer No. 10

District File Number 12-41-2263

Date Filed DEC 18 1941

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 Blanche M. Langhorne

Licensed Embalmer No. 1909

P. O. Address Marceline, 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, above space should be left blank.