

FILED JUN 24 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2610

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
3916 Charlotte
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO. (Specify whether
In this community 4 years, (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Harry Briscoe Devereaux

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Kathryn H. Devereaux

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased April 26 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>1</u>	<u>13</u>	hr. min.

9. Birthplace California
(City, town, or county) (State or foreign country)

10. Usual occupation Reference Authority

11. Industry or business Public Library

12. Name Merritt M. Devereaux

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

14. Maiden name Hattie Vance

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

16. (a) Informant Mrs. Kathryn H. Devereaux

(b) Address 3916 Charlotte, Kansas City, Mo.

17. (a) Bremation (b) Date thereof 6-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gilham Plaza, K. C., Mo.

19. (a) 6-9-43 (b) T. B. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3916 Charlotte
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1943 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from April 2 1943 to June 9 1943
that I last saw him alive on June 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage
Ca of esophagus

Due to 45a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Ho

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?

(Specify type of place) While at work

(Specify means of injury) (M. D. or other)

23. Signature George C. Lee (M. D. or other)
Address 1630 Prof Bldg Date signed 6/9/43

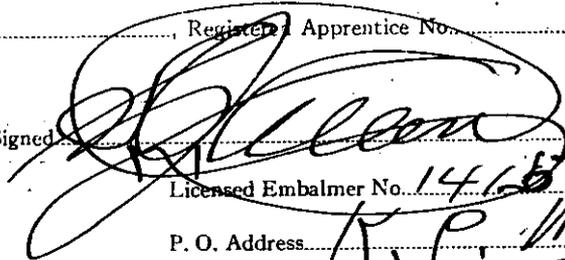
Dr. George C. Lee

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.

Registered Apprentice No.

Signed 

Licensed Embalmer No. 1416

P. O. Address K. P. MD

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.