

No. 2
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24644

State File No. _____

FILED JUL 22 1943

Primary Registration District No. 4099

Registrar's No. 137

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Pleasant Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(c) State Missouri (b) County Cass
(c) City or town Pleasant Hill
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

8. (a) PRINT FULL NAME Cara Lee Devereux

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th
year 1943 - 12 hour 30 minute A. M.

21. I hereby certify that I attended the deceased from
April 25 1943 to July 12 1943;
that I last saw her alive on July 10, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia
Due to Cerebral Hemorrhage
Due to malignant Hypertension

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
of operations _____

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? _____

23. Signature J. L. Hancock (M.-D. or other) DO
Address Pleasant Hill, Mo. Date signed 7-14-43

8. (b) If veteran, name war _____ 8. (c) Social Security No. 486-07-2363

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Arbrey P. Devereux 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January-16-1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Piedmont West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation 2

11. Industry or business _____

12. Name William Burr Harrison
13. Birthplace Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca S. Spencer
15. Birthplace West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. L. Hancock
(b) Address Pleasant Hill Mo
17. (a) Removal (b) Date thereof 7/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DePaul Cemetery, Harrisonville, Mo.

18. (a) Signature of funeral director J. P. Nolan
(b) Address Pleasant Hill, Mo
19. (a) 7/17/43 (b) Margaret Valle
(Date of effective registration) (Registrar's signature)

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

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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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 *D. P. Nofsinger*

Licensed Embalmer No. *3938*

P. O. Address *Pleasant Hill*

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.

Registration District No. 59 Primary Registration District No. 7099 Registrar's No. 137

1. PLACE OF DEATH:
(a) County Cass Pleasant Hill
(b) City or town Pleasant Hill
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cara Lee Deveraux
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July 1943
year 1943 day 12 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial Infarction (Bronchial)

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 16 1916
(Month) (Day) (Year)

8. AGE: Years 67 Months _____ Days _____ If less than one day _____ min.
9. Birthplace W. V.
(City, town, or county) (State or foreign country)

Due to Cerebral Hemorrhage
Due to malignant Hypertension
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) _____ (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
107
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
23. Signature J. F. Hancock (M. D. or other) RO.
Address Pleasant Hill Mo Date signed 7-24-43

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL

3. 2.4644