. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1944

Registration District No. 449

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13634

Primary Registration District No. 1002

Registrar's No. 1772

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: 5109 BALTIMORE AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 68 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 2

(c) City or town KANSAS CITY 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5109 BALTIMORE AVENUE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ------ 0

3. (a) PRINT FULL NAME MR HUGH — DEVLING

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. NELLIE E. DEVLING

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased NOV (Month) 29 (Day) 1876 (Year)

8. AGE: Years 67 Months 4 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace NEAR AVONDALE - NORTH KANSAS CITY - MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER · COOMBER TERRACE

11. Industry or business NORTH KANSAS CITY · MISSOURI

FATHER
12. Name ROBERT DEVLING
13. Birthplace PENN
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie E Devling

(b) Address 5109 Baltimore ave KC. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25 44 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Liberty Mo

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD

19. (a) 4-22-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 22 ND year 1944 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19__;
that I last saw h__ alive on __, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

107

Major findings:
Of operations

Of autopsy Inspection & history

Duration

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 (e) Means of injury

23. Signature A. E. Upsher O (M. D. or other) M.D.

Address 23rd & McCoy Date signed 4-22-44

(Licensed Embalmer's Statement on Reverse Side)

JUN 13 1949

MAY 1950

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. H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address. K C 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.