

S. No. 2  
5-43  
5-17-39  
X36671

FILED JAN 31 1948

STANDARD CERTIFICATE OF DEATH

Registration District No. 149

Primary Registration District No. 1002

204

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: Menorah Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
(Specify whether  
In this community 3 Days  
years, months or days)

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. 3129 Karnes Blvd  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DANIEL JONATHAN DeVAULT

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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 11, 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days 3 If less than one day  
hr. min.

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name John H. DeVault

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

14. Maiden name Virginia Crouch

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

16. (a) Informant John H. DeVault

(b) Address 3129 Karnes Blvd

17. (a) Removal (b) Date thereof Jan 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Strong City, Kansas

18. (a) Signature of funeral director Frank W. Gobin Co.

(b) Address 20 West Linwood

19. (a) 1-14-46 (b) Seraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day Jan  
year 1946 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from 1/11/46  
to 1/14/46  
that I last saw him alive on 1/14  
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis Sings.  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 161a

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
Means of injury \_\_\_\_\_

23. Signature A. Wardel (M. D. or other)  
Address 1103 Grand Date signed 1/14/46

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

Copy 2153

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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..... *Charles M Quinc*  
Licensed Embalmer No..... *3774*  
P. O. Address..... *K @ 5ms*

**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.**