

FILED FEB 11 1946

Registration District No. **149**

Primary Registration District No. **1002**

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:
General Hospital O
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)
 In this community 20 Years

3. (a) PRINT FULL NAME John Patrick Devlin
 3. (b) If veteran, name war no 3. (c) Social Security No. 486-26-3353

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Lillie Devlin 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased Aug 17 1872
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------------|
| | <u>73</u> | <u>7</u> | <u>5</u> | <u>7</u> hr. <u>1</u> min. |

9. Birthplace Pa.
(City, town, or county) (State or foreign country)
 10. Usual occupation Taylor
 11. Industry or business Stanley Wood.

MOTHER FATHER
 { 12. Name Devlin
 { 13. Birthplace No Record
(City, town, or county) (State or foreign country)
 { 14. Maiden name No Record
 { 15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. R. Dale
 (b) Address 1211 Prospect
 17. (a) Burial (b) Date thereof Jan 28 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Mrs. C. L. Forster
 (b) Address 918 Brooklyn
 19. (a) 1-28-46 (b) Seraldine Holmes
(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. 4301 Campbell
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24
 year 1946 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from 3 _____, 19____, to _____, 19____;
 that I last saw _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Reputy Coroner
Gunshot Wound of
Head.
 Due to _____

Due to _____
 Other conditions 164 C
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy Inspection -

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) Suicide
 (b) Date of occurrence Jan. 24, 1946
 (c) Where did injury occur? Kansas City Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) _____
 (e) Means of injury Gunshot
 23. Signature A. E. Elchner (M. D. or R.N.)
 Address 2806 Main Date 1/28/46

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

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.....

C. H. Wise

Licensed Embalmer No.....

2570

P. O. Address.....

KC 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.