S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2451

Registration District No. 72 Primary Registration District No. 41-84-5292 Registrar's No. 9

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town SMITHVILLE, R.F.D.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOME Platte Mo
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CLAY 24

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

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

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

If yes, name country

3. (a) PRINT FULL NAME BENJAMIN F. DEVERS

3. (b) If veteran, name war

3. (c) Social Security No. 490-24-1659

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife PEARL WADE

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased JUNE (Month) 1 (Day) 1885 (Year)

8. AGE: Years 60 Months 7 Days 17 If less than one day hr. min.

9. Birthplace GENTRY COUNTY (City, town, or county) MO. (State or foreign country)

10. Usual occupation LABORER

11. Industry or business COOKS PAINT & VARNISH CO.

FATHER
12. Name ARCHIBALD DEVERS
13. Birthplace CLAY COUNTY (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name ARTHUSA PETERS
15. Birthplace CLAY COUNTY (City, town, or county) MO. (State or foreign country)

16. (a) Informant MRS. PEARL DEVERS.
(b) Address SMITHVILLE, MO. R.F.D.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/19/'46 (Month) (Day) (Year)
(c) Place: burial or cremation SMITHVILLE, MO.

18. (a) Signature of funeral director McCowan Funeral Home
(b) Address Smithville, Mo.

19. (a) Jan 19th 1946 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 17
year 1946 hour 2: minute 8 A.M.

21. I hereby certify that I attended the deceased from Dec. 19, 1945, to Jan. 17, 1946; that I last saw him alive on Jan. 16, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhagic infarction and thrombosis of the lungs.	1 or 2 days.
Due to Influenza	6 or 7 days
Due to Chronic Bronchitis	3 or 4 years.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (e) Means of injury

23. Signature Bernard S. Gould D.C. (M. D. or other)
Address Smithville, Mo. Date signed 1-18-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-5-46

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 S. A. McCowan,

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.