

No. 2
-5-43
5-17-39
I X38671

FILED MAY 20 1946

Registration District No. **149** Primary Registration District No. **1001**

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

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:
1024 Pennsylvania
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
(Specify whether years, months or days)
 In this community 25 years

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. 1024 Pennsylvania
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles DEVEREAUX
 3. (b) If veteran, name war No
 3. (c) Social Security No. 499-16-0452

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 7
 year 1946 hour 10 minute P. M.

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Bessie Devereaux
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased October 17 1882
(Month) (Day) (Year)

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

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>6</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death Coronary sclerosis
 Due to Coronary sclerosis
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 94a

9. Birthplace LaCross Wisconsin
(City, town, or county) (State or foreign country)
 10. Usual occupation Bartender (Cook)
 11. Industry or business Alports, 12th & Cherry

Major findings:
 Of operations _____
 Of autopsy no
History of Impression

MOTHER FATHER
 12. Name Michael Devereaux
 13. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Sullivan
 15. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Bessie Devereaux
 (b) Address 1024 Pennsylvania
 17. (a) Burial (b) Date thereof 5-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Green Lawn, K.C., Mo.

While at work? _____ (Specify type of place)
 (e) Means of injury no

18. (a) Signature of funeral director Melody-McGilley-Evlar
 (b) Address 1800 E. Linwood Blvd.
 19. (a) 5-9-46 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature Jane [unclear] (M. D. or other) _____
 Address 1424 [unclear] [unclear] Date signed 5-8-46

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 *Ellen G. Heck*.....

- - Licensed Embalmer No. *4065*.....

P. O. Address *Kansas City, 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.