

Registration District No. **199**

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:
DeLora Home for Elderly People **4**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year
(Specify whether years, months or days)

In this community 47 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **49**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 3841 Woodland **8**
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) **1**
If yes, name country _____

3. (a) PRINT FULL NAME Caryl DeVoe

3. (b) If veteran, name war - no

3. (c) Social Security No. none

4. Sex Fe. / 5. Color or race white

6. (a) Single, widowed, married, divorced Div. **2**

6. (b) Name of husband or wife Leon Davis

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

7. Birth date of deceased May 5 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>8</u>	<u>19</u> <u>18</u>	hr. min.

9. Birthplace Rahway New Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation Writer of books & feature stories

11. Industry or business self

MOTHER FATHER

12. Name William DeVoe

13. Birthplace New York - N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Fox

15. Birthplace New York, N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Halbert White

(b) Address 408 E Meyer Blvd.

17. (a) Burial (b) Date thereof 1-25-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director C.H. Blackman & Son, Inc

(b) Address 2825 Independence Blvd.

19. (a) 1-25-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24
year 1947 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1/20 to 1/24, 1947
that I last saw her alive on 1/23, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage **at once**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) my

Major findings: Of operations g3a

Of autopsy my

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) no

(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) (e) Means of injury

23. Signature [Signature] (M. D. or other) **0**

Address 16-C-41st Date signed 1/26-47

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

Dr. Paul
Walshheim.

MAY 5
1947

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 W.D. Blackman

Licensed Embalmer No. 3639

P. O. Address A.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.