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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 24 1947
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 374

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
627 South 18th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community abt 28 yrs. (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 627 No 18
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME IRENE - NEVITT

3. (b) If veteran, name war WW

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1947 hour 7 - minute P M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Arthur Nevitt 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July 25 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 7 1947 to March 13 1947
that I last saw her alive on March 12 1947
and that death occurred on the date and hour stated above.

8. AGE: 66 Years 7 Months 18 Days If less than one day
hr. _____ min. _____

Immediate cause of death: Chronic myocarditis ?

Due to Hypertensive arteriosclerosis; cardiovascular disease

Due to _____

9. Birthplace Clark Co Ky
(City, town or county) (State or foreign country)

10. Usual occupation at home

Other conditions Cerebral hemorrhage 1935
(include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name John R De Vore

13. Birthplace Clark Co Ky
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Jones

15. Birthplace Clark Co Ky
(City, town or county) (State or foreign country)

Major findings: 90%
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Wm De Vore

(b) Address St. Joseph Mo

17. (a) R (b) Date thereof 3/16/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation altavista no. (Chestnut)

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? _____

18. (a) Signature of funeral director St. Joseph Home

(b) Address St. Joseph Mo

19. (a) 3-18-47 (b) K. G. Jenkins
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Off Grant (M. D. or other) _____

Address St. Joseph, Mo Date signed 3-14-47

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

Dr. Ground

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.....

Charles M. Arman....., Registered Apprentice No. *450*.....

working under my personal supervision.

Signed..... *John Roy Stoney*.....

Licensed Embalmer No. *2435*.....

P. O. Address *St. Joseph*.....

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.