FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 30 1948

Registration District No. 936

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

23338

State File No.

Primary Registration District No. 2401 5581

Registrar's No.

1. PLACE OF DEATH:
(a) County: JASPER
(b) City or town: JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RR #1 Box 748A
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: 50 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JASPER
(c) City or town: JOPLIN
(If outside city or town limits, write "RURAL")
(d) Street No.: RR #1 Box 748A (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JOHN Wm DIVINE
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MRS. KATIE DIVINE
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: August (Month) 3 (Day) 1873 (Year)

8. AGE: Years 74 Months 11 Days 4 If less than one day hr. min.

9. Birthplace: EVERTON, MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation: RETIRED
11. Industry or business
FATHER
12. Name: JAMES MONROE DIVINE
13. Birthplace: TENNESSEE (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: ORLENA JANE CLAYTON
15. Birthplace: TENNESSEE (City, town, or county) (State or foreign country)
16. (a) Informant: FRED DIVINE
(b) Address: 2412 NEWMAN
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 7-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: FAIRVIEW Cem.
18. (a) Signature of funeral director: HURLBUT-CLOVER
(b) Address: 422 Sergeant JOPLIN, MO.
19. (a) 7-10-48 (Date received local registrar) (b) Dolores Langston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from June 28 1948 to July 7 1948 and that I last saw him alive on July 7 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of gall bladder, with metastases — Duration: 3
Due to:
Due to:
Other conditions: Mitral Heart disease
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Carcinoma of gall bladder
Of autopsy:

PHYSICIAN. Underline the cause of 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
M. Signature: Edward H. Cleaver (or other) M.D.
Address: Wall Lecky, Mo. Date signed: 7/8/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY

48-7-612

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 Dale Glover Registered Apprentice No. 87 working under my personal supervision.

Signed D Rosa Blanford

Licensed Embalmer No. 4015

P. O. Address Webb 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin Galena Township
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME John Wm Devine

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 3 (Day) 18 (Year)

8. AGE: Years 74 Months 11 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July
year 1948 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

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

S-23338