

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

FILED OCT 4 1948

1000

Registrar's No. 1035

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: St. Joseph's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day (Yes or No)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mansas (b) County Doniphan 999
(c) City or town Highland 14
(If outside city or town limits, write "RURAL")
(d) Street No. Highland, Kans.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME John B. DeVault

3. (b) If veteran, No name war
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elizabeth DeVault
6. (c) Age of husband or wife if alive 15 years (Month) (Day) (Year) 1857

8. AGE: Years 91 Months 8 Days 11 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Farmer

MOTHER FATHER
12. Name Jackson DeVault
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Sally Ann Cameron
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Roy A. Noll
(b) Address Highland, Kansas.
17. (a) Removal Removal (b) Date thereof 9/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland, Kans.

18. (a) Signature of funeral director Hutton-Bourman
(b) Address St. Joseph, Mo
19. (a) 10-2-48 (b) H. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26
year 1948 hour 11 minute 50 A.

21. I hereby certify that I attended the deceased from Sept 25, 1948, to Sept 26, 1948
that I last saw him alive on Sept 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage
Fractured left hip

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
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) Accident 136
(b) Date of occurrence Sept 24, 1948
(c) Where did injury occur: Highland, Doniphan, Kansas
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
While at work (Specify type of place) (e) Means of injury fall
23. Signature H. B. Jenkins (M. D. or other) 9-27-48
Address St. Joseph, Mo. Date signed

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.....

Licensed Embalmer No. *3804*

P. O. Address *395-10th St. Joseph, 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.