

No. 300
-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4162**

FILED NOV 4 1948

Registration District No. **149**

Primary Registration District No. **1002**

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:
2515 Brighton /
(If not in hospital or institution, write street number or location)

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

In this community **30 Years**
years, months or days)

3. (a) PRINT FULL NAME **Roy Newton DeVault**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **492-14-2644**

4. Sex **Male** / 5. Color or race **White**

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

6. (b) Name of husband or wife: **Grace E. DeVault** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased: **11 3 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 **11** **7** _____ hr. _____ min.

9. Birthplace: **Iowa** /
(City, town, or county) (State or foreign country)

10. Usual occupation **Bondsman**

11. Industry or business **Liberty Bond Company**

MOTHER FATHER

12. Name **Jasper N. DeVault**

13. Birthplace **Iowa** /
(City, town, or county) (State or foreign country)

14. Maiden name **Alta Ford**

15. Birthplace **No record** /
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Grace E. DeVault**

(b) Address **2515 Brighton**

17. (a) **Burial** (b) Date thereof **Oct-14-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cem**

18. (a) Signature of funeral director **Mrs. C.L. Forster**

(b) Address **Kansas City, Missouri**

19. (a) **10-13-48** (b) **Geraldine Holms**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **5**
(If outside city or town limits, write "RURAL")

(d) Street No. **2515 Brighton** **1)**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **10th.**
year **1948** hour **2** minute **P.M.**

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

Immediate cause of death _____
Coronary sclerosis

Due to **arterio sclerosis**

Due to _____

Duration _____

Other conditions _____
(Include pregnancy within 3 months of death) **43**

Major findings:
Of operations: _____

Of autopsy **no**
Histology + Permutation

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury **James C. Walker**

23. Signature **James C. Walker** (M. D. or other) _____
Address **1424 W. W.** Date signed **10-11-48**

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address. 918 Brooklyn, K. e., 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.