

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

12748.

1. PLACE OF DEATH

County Jackson  
Township Leaon  
City Kansas City Mo

Registration District No. 399  
Primary Registration District No. 4002  
(No. 2104 East Linwood)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John M. Demnhoefer

(a) Residence, No. 2104 East Linwood St., \_\_\_\_\_ Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Demnhoefer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 11 \_\_\_\_\_

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Aberrhent  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galesberg Mo

FATHER 13. NAME Leonard Demnhoefer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Hattie Demnhoefer  
(ADDRESS) 2104 East Linwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Galesberg Mo DATE April 2, 1934

19. UNDERTAKER Wagner Funeral Home  
(ADDRESS) 204 North Linwood

20. FILED Apr 1, 1934 M. M. Groves Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/1, 1934

I HEREBY CERTIFY, that I attended deceased from 3/29 to 4/1, 1934.  
Last saw deceased alive on 4/1, 1934. Death is said

to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertension of prostate with retention of urine Date of onset 1933  
129  
135  
152

Other contributory causes of importance: Uremia

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis clinical Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ✓ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) M. J. Owens, M. D.  
(Address) W. B. Bledy City

701 645