REC'D NOV 21 1938

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

34604
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City Mo.
Registration District No. 399
Primary Registration District No. 1002
Registered No. 3940
(d) Street No. Research Hospital. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

560

2. PRINT FULL NAME Mr. Paul DeMAR.
(a) Residence, No. 3319 East 20st. Terrace. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mrs. Josephine DeMar.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1908.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
30	4	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bread Salesman.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri. 0 1

FATHER
13. NAME Seth DeMar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 0

MOTHER
15. MAIDEN NAME Mary Igel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT Mrs. Josephine DeMar.
(ADDRESS) 3319 East 20th Terrace.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE 10/11/38 19

19. FUNERAL DIRECTOR (NAME) Mellody-McGilley.
(ADDRESS) K. C. Mo.

20. FILED Oct 10 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10. 8 1938

22. I HEREBY CERTIFY, That I attended deceased from 9. 30 1938, to 10. 8 1938
I last saw him alive on 10. 7 1938. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Right	10.5.38
Gastric - intestinal hemorrhage	9.29.38
(Undetermined etiology)	
108	

Other contributory causes of importance:
Mitral stenosis and insufficiency ? yes.

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? yes

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) Harry C. Lamm, M. D.
(Address) 1103 Brand

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Lopp

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.