

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19485

Do not use this space.

1. PLACE OF DEATH

(a) County

Phelps

Registration District No.

677

(b) Township

Ralla

Primary Registration District No.

H403

Registered No.

51

(c) City

(d) Street No.

(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

yrs. mo. da. (f) How long in U. S., if of foreign birth? yrs. mo. da.

2. PRINT FULL NAME

(a) Residence, No.

Ralla

Mo

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)

wid

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Hazel Demison

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

Nov. 23, 1880

7. AGE

YEARS

58

MONTHS

6

DAYS

16

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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

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

Beulah Mo.

FATHER

13. NAME

W. R. Demison

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

Edgar Spruigs Mo.

MOTHER

15. MAIDEN NAME

Lucy Lanning

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

Beulah Mo.

17. INFORMANT (ADDRESS)

W. F. Demison Ralla, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Beulah

DATE

5/11

1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Mrs. Harry McCaw Ralla Mo.

20. FILED

May 11, 1939

Joe F. Cress Legal Registrar.

MEDICAL CERTIFICATE OF DEATH

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

5-9

1939

22. I HEREBY CERTIFY, That I attended deceased from

May 3

1939

to May 9

1939

I last saw him alive on

May 9

1939

Death is said

to have occurred on the date stated above, at 11:20 P.M.

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

Injury to the spleen (By a falling window.)

Date of onset

Other contributory causes of importance:

194

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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?

If so, specify

(Signed) W. F. Demison M. D.

Ralla Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{NOT} by me, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed R. E. McEwen

Licensed Embalmer No. 3953

P. O. Address Keokuk, 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, above space should be left blank.