

RECORDED FEB 19 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2365

State File No.

Registrar's No. 27A

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: 1710 W. Thoman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether In this community _____ years, months or days)

3. (a) PRINT FULL NAME LOUIS. K. DEMORE 560

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Eliza Demore 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 13 - 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired (13 yr.) 9

11. Industry or business Machinist Helper 9

12. Name John Demore 9

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Lane

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Eliza Demore

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Jan 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright Chapel Cemetery

18. (a) Signature of funeral director W. H. Dingman

(b) Address Springfield, Mo.

19. (a) 1/9/40 (b) Chas. F. George M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1710 W. Thoman
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1940 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Hypertension

Due to Atherosclerosis

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

Major findings: _____
Of operations _____

Of autopsy _____

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) _____
Signature Henry F. Kerab

Address 450 1/2 E. Court Date signed 1/9/40

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *J. B. Klingner*
Licensed Embalmer No. *3358*
P. O. Address *Springfield 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.

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