S. No. 2
—4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26456

Registration District No. 818 Primary Registration District No. ~~5762~~ 5762 6067 Registrar's No. 100

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Commerce, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Rt. #. 1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether 3
In this community 28 years
years, months or days)

562

3. (a) PRINT FULL NAME CHARLES ALOYISHUS DEMARS

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

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

6. (b) Name of husband or wife Euphrosine Demars
6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec. (Month) 28 (Day) 1868 (Year)

8. AGE: Years 71 Months 6 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business Farming 1

FATHER
12. Name Steve Demars 1
13. Birthplace Fairhaven (City, town, or county) Mich. (State or foreign country)

MOTHER
14. Maiden name Catherine King
15. Birthplace Detroit (City, town, or county) Mich. (State or foreign country)

16. (a) Informant Mrs. Euphrosine Demars
(b) Address Rt. #. 1. Commerce, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-40 (Month) (Day) (Year)
(c) Place: burial or cremation Benton, Missouri

18. (a) Signature of funeral director Lair-Nunnelee Service
(b) Address Charleston, Mo. 500

19. (a) 7-24-40 (Date received local registrar) (b) J S Vernon (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott
(c) City or town Commerce, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Rt. #. 1.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1940 hour 4 minute P. M.

21. I hereby certify that I attended the deceased ~~from~~ as Coroner ....., 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 Killed instantly by Lightning bolt during electrical storm in Scott County Mo

Due to

Due to 4 pm 7/22/1940

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

Major findings:
Of operations ✓
Of autopsy ✓

Duration

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) Lightning bolt
(b) Date of occurrence 7-22-1940
(c) Where did injury occur? Near Commerce (City or town) Scott (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home on farm (Specify type of place)
While at work? yes (e) Means of injury Lightning

23. Signature John F. Nunnelee (M.D. or other) Coroner
Address Charleston Date signed 7-22-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 840-1268
Date Filed 8/2/40

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 John P. Nunnelee Jr
Licensed Embalmer No. 3851
P. O. Address Charleston Mo

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

If this body is not embalmed, fact should be so stated above.