

FILED MAR 16 1942

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

7478
Do not use this space. 80

1. PLACE OF DEATH
(a) County Pettis Registration District No. 668
(b) Township Lake Creek T. 1 Primary Registration District No. 5897 Registered No. 73
(c) City Rural or (d) Street No. 1 St. 0
(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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Mary L Demand
(a) Residence, No. Pettis Co Rural St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Louis L Demand</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 9 - 1868</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>26</u>
	DAYS <u>26</u>	
	IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>St Charles Missouri</u>		
FATHER	13. NAME <u>Do not know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>	
MOTHER	15. MAIDEN NAME <u>Do not know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>	
17. INFORMANT <u>Ray Demand</u> (ADDRESS) <u>Smithton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lake Creek</u> DATE <u>2-7-1942</u>		
19. FUNERAL DIRECTOR (NAME) <u>A. F. Neumyer</u> (ADDRESS) <u>Smithton Mo</u>		
20. FILED <u>2-7-</u> 19 <u>42</u> <u>Mrs Anna Berger</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5-42, 1942

22. I HEREBY CERTIFY that I attended deceased from July 1 1941, to Feb 5 - 1942
last saw her alive on Feb 4, 1942. Death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:
Cerebral
Atherosclerosis

Other contributory causes of importance:
97

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 of injury in any way related to occupation of deceased? No
If so, specify St. Charles
(Signed) [Signature] M. D.
(Address) Smithton Mo

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.

7-10-42 11 3117

RECEIVED

District Health Officer No. 8,

File Number

Date Filed 3-12-42

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 A. F. Kemmerer

Licensed Embalmer No. 3912

P. O. Address Smithton 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.